|  | FO | R OHF | USE |  |  |
|--|----|-------|-----|--|--|
|  |    |       |     |  |  |
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# 2002 STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2002)

#### IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 LCS 4/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

| I. IDPH Facility ID Number: 004   | 41392  |                   | II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER  |
|---|--|-------------------|---|
| Facility Name: Heritage Manor-Minonk  Address: 201 LOCUST Number  County: McLean  Telephone Number: (309 ) 432-2557  IDPA ID Number: 370909086019 | Minonk City  Fax # ( )   | 61701<br>Zip Code | I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.  Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. |
| Date of Initial License for Current Owners:  Type of Ownership:  VOLUNTARY,NON-PROFIT  Charitable Corp.   | 01/01/96  xx PROPRIETARY Individual                            | GOVERNMENTAL      | Officer or Administrator of Provider (Title) Senior Vice President Finance (Date)   |
| Trust IRS Exemption Code  | Partnership Corporation xx "Sub-S" Corp. Limited Liability Co. | County<br>Other   | (Signed)(Date) Paid (Print Name Preparer and Title)   |
| In the event there are further questions about<br>Name: <u>CRAIG L. ATER</u>  | Trust Other  this report, please contact: Telephone Number:    | )                 | (Firm Name & Address)  (Telephone) ( 309 )823-7135 Fax # ( )  MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630  |

STATE OF ILLINOIS Page 2

| Facility Name & ID Numb   | er Heritage Mai          | nor-Minonk           |                     |                        |          | # 0041392 Report Period Beginning: 1/01/2002 Ending: 12/31/2002            |
|---------------------------|--------------------------|----------------------|---------------------|------------------------|----------|--|
| III. STATISTICA           | L DATA                   |                      |                     |                        |          | D. How many bed-hold days during this year were paid by Public Aid?        |
| A. Licensure/c            | ertification level(s) of | f care; enter number | of beds/bed days,   |                        |          | (Do not include bed-hold days in Section B.)                               |
| (must agree               | with license). Date of   | change in licensed b | eds                 |                        | _        |  |
|                           |                          |                      |                     |                        |          | E. List all services provided by your facility for non-patients.           |
| 1                         | 2                        |                      | 3                   | 4                      |          | (E.g., day care, "meals on wheels", outpatient therapy)                    |
|                           |                          |                      |                     |                        |          | NONE   |
| Beds at                   |                          |                      |                     | Licensed               |          |  |
| Beginning of              | Licensu                  | re                   | Beds at End of      | <b>Bed Days During</b> |          | F. Does the facility maintain a daily midnight census? YES                 |
| Report Period             | Level of                 | Care                 | Report Period       | Report Period          |          |  |
|                           |                          |                      |                     | 1                      |          | G. Do pages 3 & 4 include expenses for services or                         |
| 1 49                      | Skilled (SNI             | <b>F</b> )           | 49                  | 17,885                 | 1        | investments not directly related to patient care?                          |
| 2                         |                          | atric (SNF/PED)      |                     | ,                      | 2        | YES NO XX  |
| 3 0                       | Intermediat              | e (ICF)              | 0                   | 0                      | 3        | <u> </u>   |
| 4                         | Intermediat              | e/DD                 |                     |                        | 4        | H. Does the BALANCE SHEET (page 17) reflect any non-care assets?           |
| 5 23                      | Sheltered Ca             | are (SC)             | 23                  | 8,395                  | 5        | YES NO XX  |
| 6                         | ICF/DD 16                | or Less              |                     |                        | 6        |  |
|                           |                          |                      |                     |                        |          | I. On what date did you start providing long term care at this location?   |
| 7 72                      | TOTALS                   |                      | 72                  | 26,280                 | 7        | Date started01/01/96   |
|                           |                          |                      |                     |                        |          |  |
| D.C. E.                   |                          |                      |                     |                        |          | J. Was the facility purchased or leased after January 1, 1978?             |
| B. Census-For             | the entire report per    |                      |                     |                        | _        | YES <u>01/01/96</u> NO <u>xx</u>   |
| 1                         | 2                        | 3                    | 4                   | 5                      |          |  |
| Level of Care             | •                        | by Level of Care an  | d Primary Source of | Payment                | _        | K. Was the facility certified for Medicare during the reporting year?      |
|                           | Public Aid               | D D                  | 0.0                 | 70. ( )                |          | YES NO xx If YES, enter number   |
| 0 (3)75                   | Recipient                | Private Pay          | Other               | Total                  |          | of beds certified and days of care provided1,520                           |
| 8 SNF                     | 7,773                    | 6,062                | 1,520               | 15,355                 | 8        |  |
| 9 SNF/PED                 |                          |                      | 0                   |                        | 9        | Medicare Intermediary  |
| 10 ICF<br>11 ICF/DD       |                          |                      |                     |                        | 10<br>11 | IV. ACCOUNTING BASIS   |
|                           | 1.070                    | ( 212                |                     | 7 202                  |          |  |
| 12 SC<br>13 DD 16 OR LESS | 1,070                    | 6,312                | 0                   | 7,382                  | 12       | MODIFIED  ACCRUAL XX CASH* CASH*   |
| 13 DD 16 OK LESS          |                          |                      |                     |                        | 13       | ACCRUAL AX CASH" CASH"   |
| 14 TOTALS                 | 8,843                    | 12,374               | 1,520               | 22,737                 | 14       | Is your fiscal year identical to your tax year? YES XX NO                  |
|                           | ,                        | ,                    | ,                   | •                      |          |  |
|                           | cupancy. (Column 5,      |                      | tal licensed        |                        |          | Tax Year: Fiscal Year:   |
| bed days on               | line 7, column 4.)       | 86.52%               | _                   |                        |          | * All facilities other than governmental must report on the accrual basis. |

| CTAT | EAL    | ILLII   | MATC |
|------|--------|---------|------|
| SIAI | r, cor | 1 1 1 1 | win  |

Page 3 12/31/2002 Facility Name & ID Number Heritage Manor-Minonk # 0041392 **Report Period Beginning:** 1/01/2002 **Ending:** 

|     | V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar) |             |                 |         |           |           |              |           |           |         |          |           |
|-----|---|-------------|-----------------|---------|-----------|-----------|--------------|-----------|-----------|---------|----------|-----------|
|     |   |             | osts Per Genera | - 0     |           | Reclass-  | Reclassified | Adjust-   | Adjusted  | FOR OHE | USE ONLY |           |
|     | Operating Expenses  | Salary/Wage | Supplies        | Other   | Total     | ification | Total        | ments     | Total     |         |          |           |
|     | A. General Services   | 1           | 2               | 3       | 4         | 5         | 6            | 7         | 8         | 9       | 10       |           |
| 1   | Dietary   | 136,619     | 14,930          |         | 151,549   |           | 151,549      | 2,467     | 154,016   |         |          | 1         |
| 2   | Food Purchase   |             | 86,666          |         | 86,666    |           | 86,666       | (857)     | 85,809    |         |          | 2         |
| 3   | Housekeeping  | 63,508      | 7,774           |         | 71,282    |           | 71,282       |           | 71,282    |         |          | 3         |
| 4   | Laundry   | 42,450      | 9,834           |         | 52,284    |           | 52,284       |           | 52,284    |         |          | 4         |
| 5   | Heat and Other Utilities  |             |                 | 74,618  | 74,618    |           | 74,618       | 767       | 75,385    |         |          | 5         |
| 6   | Maintenance   | 38,945      | 14,434          | 15,481  | 68,860    |           | 68,860       | 6,639     | 75,499    |         |          | 6         |
| 7   | Other (specify):*   |             |                 |         |           |           |              |           |           |         |          | 7         |
| 8   | TOTAL General Services  | 281,522     | 133,638         | 90,099  | 505,259   |           | 505,259      | 9,016     | 514,275   |         |          | 8         |
|     | B. Health Care and Programs   |             |                 |         |           |           |              |           |           |         |          | 4         |
| 9   | Medical Director  |             |                 | 489     | 489       |           | 489          |           | 489       |         |          | 9         |
| 10  | Nursing and Medical Records   | 642,922     | 31,363          | 3,601   | 677,886   |           | 677,886      |           | 677,886   |         |          | 10        |
| 10a |   |             | 162,434         | 37,982  | 200,416   | (228,331) | (27,915)     | 56,608    | 28,693    |         |          | 10a       |
| 11  | Activities  | 31,114      | 2,668           |         | 33,782    |           | 33,782       |           | 33,782    |         |          | 11        |
| 12  | Social Services   | 18,929      |                 | 2,419   | 21,348    |           | 21,348       |           | 21,348    |         |          | 12        |
| 13  | Nurse Aide Training   | 2,621       | 260             |         | 2,881     |           | 2,881        | 1,372     | 4,253     |         |          | 13        |
| 14  | Program Transportation  |             |                 |         |           |           |              |           |           |         |          | 14        |
| 15  | Other (specify):*   |             |                 |         |           |           |              |           |           |         |          | 15        |
| 16  | TOTAL Health Care and Programs  | 695,586     | 196,725         | 44,491  | 936,802   | (228,331) | 708,471      | 57,980    | 766,451   |         |          | 16        |
|     | C. General Administration   |             |                 |         |           |           |              |           |           |         |          | A Comment |
| 17  | Administrative  | 68,860      |                 |         | 68,860    |           | 68,860       | 63,756    | 132,616   |         |          | 17        |
| 18  | Directors Fees  |             |                 |         |           |           |              | 3,384     | 3,384     |         |          | 18        |
| 19  | Professional Services   |             |                 | 163,813 | 163,813   |           | 163,813      | (157,442) | 6,371     |         |          | 19        |
| 20  | Dues, Fees, Subscriptions & Promotions  |             |                 | 37,204  | 37,204    | (26,828)  | 10,376       | (1,779)   | 8,597     |         |          | 20        |
| 21  | Clerical & General Office Expenses  | 57,837      | 3,544           | 10,572  | 71,953    |           | 71,953       | 134,104   | 206,057   |         |          | 21        |
| 22  | Employee Benefits & Payroll Taxes   |             |                 | 173,649 | 173,649   |           | 173,649      | 17,536    | 191,185   |         |          | 22        |
| 23  | Inservice Training & Education  |             |                 | 1,448   | 1,448     |           | 1,448        | 551       | 1,999     |         |          | 23        |
| 24  | Travel and Seminar  |             |                 | 1,756   | 1,756     |           | 1,756        | 243       | 1,999     |         |          | 24        |
| 25  | Other Admin. Staff Transportation   |             |                 |         |           |           |              |           |           |         |          | 25        |
| 26  | Insurance-Prop.Liab.Malpractice   |             |                 | 24,888  | 24,888    |           | 24,888       | 1,292     | 26,180    |         |          | 26        |
| 27  | Other (specify):*   |             |                 | 6,007   | 6,007     |           | 6,007        | (6,000)   | 7         |         |          | 27        |
| 28  | TOTAL General Administration  | 126,697     | 3,544           | 419,337 | 549,578   | (26,828)  | 522,750      | 55,645    | 578,395   |         |          | 28        |
| 20  | TOTAL Operating Expense   | 1,103,805   | 333,907         | 553,927 | 1,991,639 | (255,159) | 1,736,480    | 122,641   | 1,859,121 |         |          | 29        |
| 2)  | (sum of lines 8, 16 & 28)   | 1,103,003   |                 |         |           | (233,137) | 1,750,700    | 122,041   | 1,037,121 |         | 1        | 4,        |

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0041392

Page 4 12/31/2002 **Report Period Beginning:** 1/01/2002 Ending:

# V. COST CENTER EXPENSES (continued)

|    |                                    |             | Cost Per Gener | al Ledger |           | Reclass-  | Reclassified | Adjust- | Adjusted  | FOR OHF | USE ONLY |    |
|----|------------------------------------|-------------|----------------|-----------|-----------|-----------|--------------|---------|-----------|---------|----------|----|
|    | Capital Expense                    | Salary/Wage | Supplies       | Other     | Total     | ification | Total        | ments   | Total     |         |          |    |
|    | D. Ownership                       | 1           | 2              | 3         | 4         | 5         | 6            | 7       | 8         | 9       | 10       |    |
| 30 | Depreciation                       |             |                | 64,824    | 64,824    |           | 64,824       | 6,300   | 71,124    |         |          | 30 |
| 31 | Amortization of Pre-Op. & Org.     |             |                |           |           |           |              |         |           |         |          | 31 |
| 32 | Interest                           |             |                | 59,313    | 59,313    |           | 59,313       | 146     | 59,459    |         |          | 32 |
| 33 | Real Estate Taxes                  |             |                | 38,095    | 38,095    |           | 38,095       |         | 38,095    |         |          | 33 |
| 34 | Rent-Facility & Grounds            |             |                |           |           |           |              | 4,838   | 4,838     |         |          | 34 |
| 35 | Rent-Equipment & Vehicles          |             |                | 1,683     | 1,683     |           | 1,683        | 9,570   | 11,253    |         |          | 35 |
| 36 | Other (specify):*                  |             |                |           |           |           |              |         |           |         |          | 36 |
| 37 | TOTAL Ownership                    |             |                | 163,915   | 163,915   |           | 163,915      | 20,854  | 184,769   |         |          | 37 |
|    | Ancillary Expense                  |             |                |           |           |           |              |         |           |         |          |    |
|    | E. Special Cost Centers            |             |                |           |           |           |              |         |           |         |          | 4  |
| 38 | Medically Necessary Transportation |             |                |           |           |           |              |         |           |         |          | 38 |
| 39 | Ancillary Service Centers          |             |                |           |           | 228,331   | 228,331      |         | 228,331   |         |          | 39 |
| 40 | Barber and Beauty Shops            |             |                |           |           |           |              |         |           |         |          | 40 |
| 41 | Coffee and Gift Shops              |             |                |           |           |           |              |         |           |         |          | 41 |
| 42 | Provider Participation Fee         |             |                |           |           | 26,828    | 26,828       |         | 26,828    |         |          | 42 |
| 43 | Other (specify):*                  |             |                |           |           |           |              |         |           |         |          | 43 |
| 44 | TOTAL Special Cost Centers         |             |                |           |           | 255,159   | 255,159      |         | 255,159   |         |          | 44 |
|    | GRAND TOTAL COST                   |             |                |           |           |           |              |         |           |         |          |    |
| 45 | (sum of lines 29, 37 & 44)         | 1,103,805   | 333,907        | 717,842   | 2,155,554 |           | 2,155,554    | 143,495 | 2,299,049 |         |          | 45 |

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Heritage Manor-Minonk

# 0041392 **Report Period Beginning:**  1/01/2002

**Ending:** 

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

|    | TH COMMIN                                    | 2 5010 11, 101 | I           | 2<br>Refer- | OHF USE |    |
|----|--|----------------|-------------|-------------|---------|----|
|    | NON-ALLOWABLE EXPENSES                       | An             | nount       | ence        | ONLY    |    |
| 1  | Day Care                                     | \$             |             |             | \$      | 1  |
| 2  | Other Care for Outpatients                   |                |             |             |         | 2  |
| 3  | Governmental Sponsored Special Programs      |                |             |             |         | 3  |
| 4  | Non-Patient Meals                            |                |             |             |         | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms      |                |             | 35          |         | 5  |
| 6  | Rented Facility Space                        |                |             | 34          |         | 6  |
| 7  | Sale of Supplies to Non-Patients             |                |             |             |         | 7  |
| 8  | Laundry for Non-Patients                     |                |             |             |         | 8  |
| 9  | Non-Straightline Depreciation                |                |             | 30          |         | 9  |
| 10 | Interest and Other Investment Income         |                | (12)        | 32          |         | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds     |                |             |             |         | 11 |
| 12 | Non-Working Officer's or Owner's Salary      |                |             |             |         | 12 |
| 13 | Sales Tax                                    |                | (857)       | 2           |         | 13 |
| 14 | Non-Care Related Interest                    |                |             | 32          |         | 14 |
| 15 | Non-Care Related Owner's Transactions        |                |             | 33          |         | 15 |
| 16 | Personal Expenses (Including Transportation) |                |             | 24          |         | 16 |
| 17 | Non-Care Related Fees                        |                | (477)       | 20          |         | 17 |
| 18 | Fines and Penalties                          |                |             |             |         | 18 |
| 19 | Entertainment                                |                | (4,042)     | 24          |         | 19 |
| 20 | Contributions                                |                |             | 27          |         | 20 |
| 21 | Owner or Key-Man Insurance                   |                |             |             |         | 21 |
| 22 | Special Legal Fees & Legal Retainers         |                | (345)       | 19          |         | 22 |
| 23 | Malpractice Insurance for Individuals        |                |             |             |         | 23 |
| 24 | Bad Debt                                     |                | (6,000)     | 27          |         | 24 |
| 25 | Fund Raising, Advertising and Promotional    |                | (3,926)     | 20          |         | 25 |
|    | Income Taxes and Illinois Personal           |                |             |             |         |    |
|    | Property Replacement Tax                     |                |             |             |         | 26 |
|    | Nurse Aide Training for Non-Employees        |                |             |             |         | 27 |
| 28 | Yellow Page Advertising                      |                |             | - 22        |         | 28 |
|    | Other-Attach Schedule Real estate taxes      |                | (4 = 6 = 0) | 33          |         | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)            | \$             | (15,659)    |             | \$      | 30 |

|    | OHF USE ONL | Y  |    |    |    |  |
|----|-------------|----|----|----|----|--|
| 48 |             | 49 | 50 | 51 | 52 |  |

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

|    |                                      |            | 4         |    |
|----|--------------------------------------|------------|-----------|----|
|    |                                      | Amount     | Reference |    |
| 31 | Non-Paid Workers-Attach Schedule*    | \$         |           | 31 |
| 32 | Donated Goods-Attach Schedule*       |            |           | 32 |
|    | Amortization of Organization &       |            |           |    |
| 33 | Pre-Operating Expense                |            |           | 33 |
|    | Adjustments for Related Organization |            |           |    |
| 34 | Costs (Schedule VII)                 | 159,154    |           | 34 |
| 35 | Other- Attach Schedule               |            |           | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)   | \$ 159,154 |           | 36 |
|    | (sum of SUBTOTALS                    |            |           |    |
| 37 | TOTAL ADJUSTMENTS (A) and (B))       | \$ 143,495 |           | 37 |

<sup>\*</sup>These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

| (Se | e instructions.)                | 1   | 2  | 3      | 4         |    |
|-----|---------------------------------|-----|----|--------|-----------|----|
|     |                                 | Yes | No | Amount | Reference |    |
| 38  | Medically Necessary Transport.  |     |    | \$     |           | 38 |
| 39  |                                 |     |    |        |           | 39 |
| 40  | Gift and Coffee Shops           |     |    |        |           | 40 |
| 41  | Barber and Beauty Shops         |     |    |        |           | 41 |
| 42  | Laboratory and Radiology        |     |    |        |           | 42 |
| 43  | Prescription Drugs              |     |    |        |           | 43 |
| 44  | Exceptional Care Program        |     |    |        |           | 44 |
| 45  | Other-Attach Schedule           |     |    |        |           | 45 |
| 46  | Other-Attach Schedule           |     |    |        |           | 46 |
| 47  | TOTAL (C): (sum of lines 38-46) |     | •  | \$     |           | 47 |

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Heritage Manor-Minonk

| ID# | 0041392 | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002

Sch. V Line

| NON-ALLOWABLE EXPENSES   |    |                        |    |          | Sch. V Line |    |
|--|----|------------------------|----|----------|-------------|----|
| Color  |    | NON-ALLOWABLE EXPENSES |    | Amount   | Reference   |    |
| Color  | 1  |                        | \$ | 0        | 0           | 1  |
| 3  | 2  |                        |    | 0        |             | 2  |
| 4         0         0         35         5           6         0         34         6           7         0         7         8         0         34         6           9         0         30         9         0         30         9           10         0         32         10         11         11         0         11         11         12         0         11         11         12         0         12         13         14         14         0         32         14         15         0         32         14         15         0         32         14         15         0         32         14         15         0         32         14         15         0         32         14         15         0         32         14         15         0         33         15         16         0         24         16         17         17         18         18         0         18         19         22         24         19         20         17         18         19         22         24         19         20         27         20         21         22 <td< td=""><td>_</td><td></td><td></td><td></td><td></td><td>3</td></td<> | _  |                        |    |          |             | 3  |
| 5         0         35         5           6         0         34         6           7         0         7         8           8         0         30         9           10         32         10         11           11         0         11         12           13         (857)         2         13           14         0         32         14           15         0         33         15           16         0         24         16           17         (477)         20         17           18         0         18         19           20         27         20         24           19         24         19         22           21         0         27         20           21         0         27         20           21         0         27         20           22         (345)         19         22           23         (6,000)         27         24           25         (3,926)         20         25           26         0         0  |    |                        |    |          |             |    |
| 6         0         34         6           7         0         32         10           10         32         10           11         0         11           12         0         12           13         (857)         2         13           14         0         32         14           15         0         32         14           16         0         24         16           17         (477)         20         17           18         0         18           19         24         19           20         0         27         20           21         0         27         20           21         0         27         22           23         0         27         22           23         0         27         23           42         (6,000)         27         24           25         (3,926)         20         25           26         0         0         27           28         0         0         29           30         0         30  | _  |                        |    |          |             | _  |
| 7         8         0         30         9           9         0         30         9           10         32         10           11         0         11           12         0         12           13         0         32         14           15         0         33         15           16         0         24         16           17         0         18         0         18           19         0         24         19           20         0         27         20           21         0         27         20           21         0         27         20           21         0         27         20           21         0         27         20           21         0         27         20           22         0         27         24           23         0         22         24           24         0         22         25           26         0         0         26           27         0         0         22   | _  |                        |    |          |             |    |
| 8         0         30         9           10         32         10           111         0         12           13         (857)         2         13           14         0         32         14           15         0         32         14           15         0         33         15           16         0         24         16           17         (477)         20         17           18         0         21         18           19         20         0         27         20           21         0         27         20           21         0         27         20           21         0         27         20           22         13         0         23           24         19         22         24           29         0         27         24           25         0         0         27           24         0         0         27           28         0         0         27           28         0         0         29  |    |                        |    |          | 54          |    |
| Part   |    |                        |    |          |             |    |
| 10   |    |                        |    |          | 20          |    |
| 11         12         0         12           13         (857)         2         13           14         0         32         14           15         0         33         15           16         0         24         16           17         (477)         20         17           18         0         18           19         24         19           20         0         27         20           21         0         27         20           21         0         27         20           21         0         27         20           21         (345)         19         22           23         0         23         24           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         29           30         0         0         30           31         32         3         33 <t< td=""><td>_</td><td></td><td></td><td>U</td><td></td><td></td></t<>   | _  |                        |    | U        |             |    |
| 12   |    |                        |    |          | 32          | _  |
| 13   |    |                        |    |          |             |    |
| 14         0         32         14           15         0         33         15           16         0         24         16           17         (477)         20         17           18         0         18           19         24         19           20         0         27         20           21         0         21         22           23         0         23         24           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         26           27         0         0         28           29         0         0         29           30         0         30         30           31         0         0         31           32         33         0         33           33         3         0         33           33         0         33         33           34         35         35         35   |    |                        |    |          |             |    |
| 15         0         33         15           16         0         24         16           17         (477)         20         17           18         0         18           19         24         19           20         0         27         20           21         0         27         20           21         (345)         19         22           23         0         23         24           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         27           28         0         0         29           30         0         0         30           31         0         0         30           31         0         0         31           32         33         0         33         33           33         0         33         33           34         34         34         34   |    |                        |    |          |             | _  |
| 16         0         24         16           17         (477)         20         17           18         0         18           19         24         19           20         0         27         20           21         0         21         22           23         0         23         24           24         (6,000)         27         24           25         (6,000)         27         24           25         (6,000)         27         24           26         0         0         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         28           30         0         0         30           31         0         0         31           32         32         32           33         33         34           35         35         35           36         37         37           38         38           39 <td></td> <td></td> <td></td> <td></td> <td></td> <td>14</td>  |    |                        |    |          |             | 14 |
| 17         18         0         18           19         24         19           20         0         27         20           21         0         21         22           23         0         23         24         (6,000)         27         24           25         (6,000)         27         24         22         25         20         25         26         20         25         26         20         25         20         25         27         0         0         27         28         0         0         27         28         0         0         28         29         0         0         29         30         0         0         30         31         0         0         30         31         32         32         33         33         33         34         34         34         34         34         34         34         34         34         35         35         36         36         36         37         38         38         39         39         40         40         44         44         44         44         44         44         44         44   |    |                        |    |          |             | 15 |
| 18         0         24         19           20         0         27         20           21         0         21         21           22         (345)         19         22           23         0         23         24           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         29           30         0         30         31           31         0         0         31           32         32         32           33         3         0         33           33         3         0         33         33           34         34         34         34           35         35         36         36           37         37         38         38           39         39         39           40         40         44  |    |                        |    |          |             |    |
| 19   | 17 |                        |    | (477)    | 20          | 17 |
| 20         0         27         20           21         0         21           22         (345)         19         22           23         0         23           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         29           30         0         0         29           30         0         0         30           31         0         0         31           32         33         0         33           33         0         33         33           34         34         34           35         35         35           36         36         37           37         37         38           39         39         40           40         40         40           41         41         42           43         43         43           445         46   | 18 |                        |    | 0        |             | 18 |
| 20         0         27         20           21         0         21           22         (345)         19         22           23         0         23           24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         29           30         0         0         29           30         0         0         30           31         0         0         31           32         33         0         33           33         0         33         33           34         34         34           35         35         35           36         36         37           37         37         38           39         39         40           40         40         40           41         41         42           43         43         43           445         46   | 19 |                        |    |          | 24          | 19 |
| 21         0         21           22         (345)         19         22           23         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         30           30         0         0         30           31         0         0         31           32         32         32           33         34         34           35         35         35           36         35         35           36         37         37           38         38         38           39         39         40           40         40         41           41         42         42           43         43         43           44         44         44           45         46         46           47         46         47           48         48 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>   |    |                        |    | 0        |             |    |
| 22     (345)     19     22       23     (6,000)     27     24       25     (3,926)     20     25       26     0     0     26       27     0     0     27       28     0     0     29       30     0     0     30       31     0     0     31       32     32       33     0     33     33       34     34       35     35       36     36       37     36       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     48  |    |                        |    |          |             |    |
| 23         0         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         29           30         0         30         31           31         0         0         31           32         32         32           33         3         0         33           34         34         34           35         35         35           36         36         36           37         37         38           39         39         40           41         41         41           42         43         43           44         44           45         45           46         47         46           47         48  |    |                        |    |          | 19          |    |
| 24         (6,000)         27         24           25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         29           30         0         30         30           31         0         0         31           32         33         32         32           33         34         34         34           35         35         35         35           36         36         36         37           38         38         38           39         39         40         40           41         41         41         42           43         43         43         43           44         44         44         44           45         46         46         46           47         48         48   |    |                        |    |          | • /         |    |
| 25         (3,926)         20         25           26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         29           30         0         30         30           31         0         31         32           33         0         33         33           34         34         34           35         35         35           36         36         36           37         37         37           38         38         38           39         39           40         40           41         41           42         42           43         43           44         44           45         45           46         47           48         48   |    |                        |    | (6,000)  | 27          |    |
| 26         0         0         26           27         0         0         27           28         0         0         28           29         0         0         30           30         0         0         30           31         0         0         31           32         32         32         33           34         34         34         34           35         35         35         35           36         36         36         36           37         37         37         37           38         38         38           39         40         40           41         41         41           42         42         43           43         43         43           44         44         44           45         46         46           47         46         47           48         48  |    |                        |    |          |             |    |
| 27         0         0         27           28         0         0         28           29         0         0         29           30         0         0         30           31         0         0         31           32         32         32         33           33         0         33         33           34         35         35         35           36         35         36         36           37         36         37         38           39         39         39           40         40         41           41         41         41           42         42         42           43         44         44           45         45         46           47         46         47           48         48  |    |                        |    |          |             |    |
| 28         0         0         28           29         0         0         29           30         0         0         30           31         0         0         31           32         32         32         33           34         34         34         34           35         35         36         36           37         36         37         37           38         38         38           39         39         40         40           41         41         41         41           42         42         42         42           43         43         43         43           44         44         44         44           45         46         46         46           47         48         48         48   |    |                        |    |          |             |    |
| 29         0         0         29           30         0         0         30           31         0         0         31           32         33         0         33         33           34         34         34         34           35         35         35         35           36         36         36         37           38         38         38           39         39         39           40         40         40           41         41         41           42         42         42           43         43         43           44         44         44           45         46         46           47         47         48   |    |                        |    |          |             |    |
| 30         0         0         30           31         0         0         31           32         32         32           33         0         33         33           34         35         35         35           36         36         37         37           38         38         38           39         39         40         40           41         41         41         41           42         42         42         43           43         43         43         44           45         45         46         46           47         46         47         47           48         48         48  |    |                        |    |          |             |    |
| 31     0     0     31       32     32       33     0     33     33       34     34     35       35     35     35       36     36     37       38     38     38       39     40     40       41     41     41       42     42     42       43     43     43       44     44     44       45     45     46       47     47     47       48     48  |    |                        |    |          |             |    |
| 32     32       33     0       34     34       35     35       36     36       37     37       38     38       39     40       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48   |    |                        |    |          |             |    |
| 33     0     33     33       34     34     34       35     35     36       36     36     37       38     38     38       39     40     40       41     41     41       42     42     42       43     43     43       44     44     44       45     45     46       47     47     47       48     48  |    |                        |    | 0        | 0           |    |
| 34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  |    |                        |    |          |             |    |
| 35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  |    |                        |    | 0        | 33          | 33 |
| 36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  |    |                        |    |          |             | 34 |
| 37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  | 35 |                        |    |          |             | 35 |
| 38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  | 36 |                        |    |          |             | 36 |
| 39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  | 37 |                        |    |          |             | 37 |
| 39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  | 38 |                        |    |          |             | 38 |
| 41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  |    |                        |    |          |             | 39 |
| 41     41       42     42       43     43       44     44       45     45       46     46       47     47       48     48  | 40 |                        |    |          |             | 40 |
| 42     42       43     43       44     44       45     45       46     46       47     47       48     48  |    |                        |    |          |             |    |
| 43     43       44     44       45     45       46     46       47     47       48     48  |    |                        | -  |          | 1           |    |
| 44     44       45     45       46     46       47     47       48     48  |    |                        |    |          |             |    |
| 45     45       46     46       47     47       48     48  |    |                        | -  |          |             |    |
| 46     46       47     47       48     48  |    |                        |    |          |             |    |
| 47 47 47<br>48 48  |    |                        | -  |          |             |    |
| 48 48  |    |                        | -  |          |             |    |
|  | _  |                        |    |          |             |    |
| 49   <b>10ta</b>   (11,605)   49   |    | T - 1 - 1              |    | (44.00=  |             |    |
|  | 49 | I OTAI                 |    | (11,605) |             | 49 |

Summary A Facility Name & ID Number Heritage Manor-Minonk
SUMMARY OF PAGES 5. 5A, 6. 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I # 0041392 Report Period Beginning: 1/01/2002 12/31/2002 **Ending:** 

|     | SUMMARY OF PAGES 5, 5A, 6, 6A      | <u>, 6B, 6C, 6D, 6</u> | 6E, 6F, 6G, 6H | I AND 6I |      |      |      |      |      |            |      |      |                |     |
|-----|------------------------------------|------------------------|----------------|----------|------|------|------|------|------|------------|------|------|----------------|-----|
|     |                                    |                        |                |          |      |      |      |      |      |            |      |      | SUMMARY        | 1   |
|     | Operating Expenses                 | PAGES                  | PAGE           | PAGE     | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE       | PAGE | PAGE | TOTALS         | ı   |
|     | A. General Services                | 5 & 5A                 | 6              | 6A       | 6B   | 6C   | 6D   | 6E   | 6F   | 6 <b>G</b> | 6H   | 6I   | (to Sch V, col | .7) |
| 1   | Dietary                            | 0                      | 0              | 2,467    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 2,467          | 1   |
| 2   | Food Purchase                      | (857)                  | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (857)          | 2   |
| 3   | Housekeeping                       | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 3   |
| 4   | Laundry                            | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 4   |
| 5   | Heat and Other Utilities           | 0                      | 0              | 767      | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 767            | 5   |
| 6   | Maintenance                        | 0                      | 0              | 6,639    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 6,639          | 6   |
| 7   | Other (specify):*                  | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 7   |
| 8   | TOTAL General Services             | (857)                  | 0              | 9,873    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 9,016          | 8   |
|     | B. Health Care and Programs        |                        |                |          |      |      |      |      |      |            |      |      |                |     |
| 9   | Medical Director                   | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 9   |
| 10  | Nursing and Medical Records        | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 10  |
| 10a | Therapy                            | 0                      | 56,608         | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 56,608         | 10a |
| 11  | Activities                         | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 11  |
| 12  | Social Services                    | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 12  |
| 13  | Nurse Aide Training                | 0                      | 0              | 1,372    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 1,372          | 13  |
| 14  | Program Transportation             | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 14  |
| 15  | Other (specify):*                  | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 15  |
| 16  | TOTAL Health Care and Programs     | 0                      | 56,608         | 1,372    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 57,980         | 16  |
|     | C. General Administration          |                        |                |          |      |      |      |      |      |            |      |      |                |     |
| 17  | Administrative                     | 0                      | 0              | 63,756   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 63,756         | 17  |
| 18  | Directors Fees                     | 0                      | 0              | 3,384    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 3,384          | 18  |
| 19  | Professional Services              | (345)                  | (163,468)      | 6,371    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (157,442)      | 19  |
| 20  | Fees, Subscriptions & Promotions   | (4,403)                | 0              | 2,624    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (1,779)        | 20  |
| 21  | Clerical & General Office Expenses | 0                      | 0              | 134,104  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 134,104        | 21  |
| 22  | Employee Benefits & Payroll Taxes  | 0                      | 0              | 17,536   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 17,536         | 22  |
| 23  | Inservice Training & Education     | 0                      | 0              | 551      | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 551            | 23  |
| 24  | Travel and Seminar                 | (4,042)                | 0              | 4,285    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 243            | 24  |
| 25  | Other Admin. Staff Transportation  | 0                      | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0              | 25  |
| 26  | Insurance-Prop.Liab.Malpractice    | 0                      | 0              | 1,292    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 1,292          | 26  |
| 27  | Other (specify):*                  | (6,000)                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (6,000)        | 27  |
| 28  | TOTAL General Administration       | (14,790)               | (163,468)      | 233,903  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 55,645         | 28  |
|     | TOTAL Operating Expense            |                        |                |          |      |      |      |      |      |            |      |      |                | i _ |
| 29  | (sum of lines 8,16 & 28)           | (15,647)               | (106,860)      | 245,148  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 122,641        | 29  |

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Minonk

# 0041392 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

# SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

|    |                                    |          |           |         |        |      |      |      |      |            |      |      | SUMMARY         |     |
|----|------------------------------------|----------|-----------|---------|--------|------|------|------|------|------------|------|------|-----------------|-----|
|    | Capital Expense                    | PAGES    | PAGE      | PAGE    | PAGE   | PAGE | PAGE | PAGE | PAGE | PAGE       | PAGE | PAGE | TOTALS          |     |
|    | D. Ownership                       | 5 & 5A   | 6         | 6A      | 6B     | 6C   | 6D   | 6E   | 6F   | 6 <b>G</b> | 6H   | 6I   | (to Sch V, col. | .7) |
| 30 | Depreciation                       | 0        | 0         | 0       | 6,300  | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 6,300           | 30  |
| 31 | Amortization of Pre-Op. & Org.     | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 31  |
| 32 | Interest                           | (12)     | 0         | 0       | 158    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 146             | 32  |
| 33 | Real Estate Taxes                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 33  |
| 34 | Rent-Facility & Grounds            | 0        | 0         | 0       | 4,838  | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 4,838           | 34  |
| 35 | Rent-Equipment & Vehicles          | 0        | 0         | 0       | 9,570  | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 9,570           | 35  |
| 36 | Other (specify):*                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 36  |
| 37 | TOTAL Ownership                    | (12)     | 0         | 0       | 20,866 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 20,854          | 37  |
|    | Ancillary Expense                  |          |           |         |        |      |      |      |      |            |      |      |                 |     |
|    | E. Special Cost Centers            |          |           |         |        |      |      |      |      |            |      |      |                 |     |
| 38 | Medically Necessary Transportation | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 38  |
| 39 | Ancillary Service Centers          | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 39  |
| 40 | Barber and Beauty Shops            | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 40  |
| 41 | Coffee and Gift Shops              | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 41  |
| 42 | Provider Participation Fee         | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 42  |
| 43 | Other (specify):*                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 43  |
| 44 | TOTAL Special Cost Centers         | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 44  |
|    | GRAND TOTAL COST                   |          |           |         |        |      |      |      |      |            |      |      |                 |     |
| 45 | (sum of lines 29, 37 & 44)         | (15,659) | (106,860) | 245,148 | 20,866 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 143,495         | 45  |

#### VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

| A. Enter below the number of ALE owners and related organizations (parties) as defined in the motivations. Attach an additional sensation in recessary. |             |                      |      |  |                                 |      |  |                  |
|---|-------------|----------------------|------|--|---------------------------------|------|--|------------------|
| 1   |             | 2                    |      |  | 3                               |      |  |                  |
| OWNERS  |             | RELATED NURSING HOMI | ES   |  | OTHER RELATED BUSINESS ENTITIES |      |  |                  |
| Name  | Ownership % | Name                 | City |  | ie                              | City |  | Type of Business |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |
|   |             |                      |      |  |                                 |      |  |                  |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$ 

the instructions for determining costs as specified for this form.

|     | 1       | 2    | 3 Cost Per General Ledger              | 4            | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |    |
|-----|---------|------|--|--------------|--------------------------------|-----------|----------------|----------------------|----|
|     |         |      | _                                      |              |                                | Percent   | Operating Cost | Adjustments for      |    |
| Sch | edule V | Line | Item                                   | Amount       | Name of Related Organization   | of        | of Related     | Related Organization |    |
|     |         |      |  |              |                                | Ownership | Organization   | Costs (7 minus 4)    |    |
| 1   | V       |      |  | \$           |                                |           | \$             | \$                   | 1  |
| 2   | V       | 10a  | <b>Adjustment for Related Organiza</b> | tion 31,108  | GreenTree Therapy              | 100.00%   | 28,671         | (2,437)              | 2  |
| 3   | V       |      |  |              |                                |           |                |                      | 3  |
| 4   | V       | 19   | Adjustment for Related Organiza        | tion 163,468 | Heritage Enterprises, Inc.     | 100.00%   |                | (163,468)            | 4  |
| 5   | V       |      |  |              |                                |           |                |                      | 5  |
| 6   | V       | 10a  | Adjustment for Related Organiza        | tion 163,073 | GreenTree Pharmacy             | 100.00%   | 222,118        | 59,045               | 6  |
| 7   | V       |      |  |              |                                |           |                |                      | 7  |
| 8   | V       |      |  |              |                                |           |                |                      | 8  |
| 9   | V       |      |  |              |                                |           |                |                      | 9  |
| 10  | V       |      |  |              |                                |           |                |                      | 10 |
| 11  | V       |      |  |              |                                |           |                |                      | 11 |
| 12  | V       |      |  |              |                                |           |                |                      | 12 |
| 13  | V       |      |  |              |                                |           |                |                      | 13 |
| 14  | Total   |      |  | \$ 357,649   |                                |           | \$ 250,789     | \$ * (106,860)       | 14 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

| STATE OF ILLINOIS | age 6A |  |
|-------------------|--------|--|
|-------------------|--------|--|

| Facility Name & ID Number   | Heritage Manor-Minonk                            | #   |      | 0041392 | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002 |
|---|--|---|------|---------|--------------------------|-----------|---------|------------|
| VII. RELATED PARTIES (contin<br>B. Are any costs included in this<br>management fees, purchase of | s report which are a result of transactions with | h related organizations? This includes re | ent, |         |                          |           |         |            |

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$ 

the instructions for determining costs as specified for this form.

|      | 1      | 2    | 3 Cost Per General Ledger          | 4      | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |    |
|------|--------|------|------------------------------------|--------|--------------------------------|-----------|----------------|----------------------|----|
|      | 1      |      | 5 Cost l'el Gelleral Leugel        | -      | 5 Cost to Related Organization |           | 0 4 6 4        |                      |    |
|      |        |      |                                    |        |                                | Percent   | Operating Cost | Adjustments for      |    |
| Sche | dule V | Line | Item                               | Amount | Name of Related Organization   | of        | of Related     | Related Organization |    |
|      |        |      |                                    |        |                                | Ownership | Organization   | Costs (7 minus 4)    |    |
| 15   | V      | 1    | Dietary                            | \$     | Heritage Enterprises, Inc.     | 100.00%   | s 2,467        | \$ 2,467             |    |
| 16   | V      | 2    | Food Purchase                      |        |                                |           | 0              |                      | 16 |
| 17   | V      | 3    | Housekeeping                       |        |                                |           | 0              |                      | 17 |
| 18   | V      | 4    | Laundry                            |        |                                |           | 0              |                      | 18 |
| 19   | V      | 5    | Heat & Other Utilities             |        |                                |           | 767            | 767                  | 19 |
| 20   | V      | 6    | Maintenance                        |        |                                |           | 6,639          | 6,639                | 20 |
| 21   | V      | 7    | Other                              |        |                                |           | 0              |                      | 21 |
| 22   | V      | 9    | Medical Director                   |        |                                |           | 0              |                      | 22 |
| 23   | V      | 10   | Nursing & Medical Records          |        |                                |           | 0              |                      | 23 |
| 24   | V      | 11   | Activities                         |        |                                |           | 0              |                      | 24 |
| 25   | V      | 12   | Social Service                     |        |                                |           | 0              |                      | 25 |
| 26   | V      | 13   | Nurse Aide Training                |        |                                |           | 1,372          | 1,372                | 26 |
| 27   | V      | 14   | Program Transportation             |        |                                |           | 0              |                      | 27 |
| 28   | V      | 15   | Other                              |        |                                |           | 0              |                      | 28 |
| 29   | V      | 17   | Administrative                     |        |                                |           | 63,756         | 63,756               | 29 |
| 30   | V      | 18   | Directors Fees                     |        |                                |           | 3,384          | 3,384                | 30 |
| 31   | V      | 19   | Professional Services              |        |                                |           | 6,371          | 6,371                |    |
| 32   | V      | 20   | Fees, Subscription, Promotions     |        |                                |           | 2,624          | 2,624                | 32 |
| 33   | V      | 21   | Clerical & General Office Expenses |        |                                |           | 134,104        | 134,104              | 33 |
| 34   | V      | 22   | Employee Benefits & Payroll Taxes  |        |                                |           | 17,536         | 17,536               |    |
| 35   | V      | 23   | Inservice Training & Education     |        |                                |           | 551            | 551                  | 35 |
| 36   | V      | 24   | Travel and Seminar                 |        |                                |           | 4,285          | 4,285                | 36 |
| 37   | V      | 25   | Other Admin. Staff Transportation  |        |                                |           | 0              |                      | 37 |
| 38   | V      | 26   | Insurance-Prop.Liab.Malpract       |        |                                |           | 1,292          | 1,292                | 38 |
| 39   | Total  |      |                                    | \$     |                                |           | s 245,148      | s * 245,148          | 39 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

| STATE OF ILLINOIS |         |                          |           | ]       | Page 6B    |  |
|-------------------|---------|--------------------------|-----------|---------|------------|--|
| ш                 | 0041202 | Danget Davied Deginnings | 1/01/2002 | Endings | 12/31/2002 |  |

|  | STITE OF TEEL OF | 9       |                          |           |         | mgc oz     |
|--|------------------|---------|--------------------------|-----------|---------|------------|
| Facility Name & ID Number Heritage Manor-Minonk  | #                | 0041392 | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002 |
| VII. RELATED PARTIES (continued)  B. Are any costs included in this report which are a result of transactions with related organ management fees, purchase of supplies, and so forth.  YES  If yes, costs incurred as a result of transactions with related organizations must be fully if | NO               |         |                          |           |         |            |

the instructions for determining costs as specified for this form.

|      | the moti u |      | or determining costs as specified for |        |                                | -         |                |                      |    |
|------|------------|------|---------------------------------------|--------|--------------------------------|-----------|----------------|----------------------|----|
|      | 1          | 2    | 3 Cost Per General Ledger             | 4      | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |    |
|      |            |      |                                       |        |                                | Percent   | Operating Cost | Adjustments for      |    |
| Sche | dule V     | Line | Item                                  | Amount | Name of Related Organization   |           | of Related     | Related Organization | 1  |
|      |            |      |                                       |        |                                | Ownership | Organization   | Costs (7 minus 4)    |    |
| 15   | V          |      | Other                                 | \$     | Heritage Enterprises, Inc.     | 100.00%   |                | *                    | 15 |
| 16   | V          | 30   | Depreciation                          |        |                                |           | 6,300          | 6,300                | 16 |
| 17   | V          | 31   | Amortization of Pre-Op & Org          |        |                                |           | 0              |                      | 17 |
| 18   | V          | 32   | Interest                              |        |                                |           | 158            | 158                  | 18 |
| 19   | V          | 33   | Real Estate Taxes                     |        |                                |           | 0              |                      | 19 |
| 20   | V          | 34   | Rent-Facility & Grounds               |        |                                |           | 4,838          | 4,838                |    |
| 21   | V          | 35   | Rent-Equipment & Vehicles             |        |                                |           | 9,570          | 9,570                | 21 |
| 22   | V          | 36   | Other                                 |        |                                |           | 0              |                      | 22 |
| 23   | V          | 38   | Medically Nec Transportation          |        |                                |           | 0              |                      | 23 |
| 24   | V          | 39   | Ancillary Service Centers             |        |                                |           | 0              |                      | 24 |
| 25   | V          | 40   | Barber and Beauty Shops               |        |                                |           | 0              |                      | 25 |
| 26   | V          | 41   | Coffee and Gift Shops                 |        |                                |           | 0              |                      | 26 |
| 27   | V          | 42   | Other                                 |        |                                |           | 0              |                      | 27 |
| 28   | V          |      |                                       |        |                                |           |                |                      | 28 |
| 29   | V          |      |                                       |        |                                |           |                |                      | 29 |
| 30   | V          |      |                                       |        |                                |           |                |                      | 30 |
| 31   | V          |      |                                       |        |                                |           |                |                      | 31 |
| 32   | V          |      |                                       |        |                                |           |                |                      | 32 |
| 33   | V          |      |                                       |        |                                |           |                |                      | 33 |
| 34   | V          |      |                                       |        |                                |           |                |                      | 34 |
| 35   | V          |      |                                       |        |                                |           |                |                      | 35 |
| 36   | V          |      |                                       |        |                                |           |                |                      | 36 |
| 37   | V          |      |                                       |        |                                |           |                |                      | 37 |
| 38   | V          |      |                                       |        |                                |           |                |                      | 38 |
| 39   | Total      |      |                                       | \$     |                                |           | s 20,866       | s * 20,866           | 39 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

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Facility Name & ID Number Heritage Manor-Minonk # 0041392 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

# VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

|    | 1                 | 2                            | 3          | 4         | 5              | 6                              |   | 7              |             | 8               |    |
|----|-------------------|------------------------------|------------|-----------|----------------|--------------------------------|---|----------------|-------------|-----------------|----|
|    |                   |                              |            |           |                | Average Hours Per Work         |   |                |             |                 |    |
|    |                   |                              |            |           | Compensation   | Week Devo                      | oted to this                              | Compensation   | on Included | Schedule V.     |    |
|    |                   |                              |            |           | Received       | Facility and                   | Facility and % of Total in Costs for this |                | Line &      |                 |    |
|    |                   |                              |            | Ownership | From Other     | Work Week Reporting Period** C |   | Column         |             |                 |    |
|    | Name              | Title                        | Function   | Interest  | Nursing Homes* | Hours                          | Percent                                   | Description    | Amount      | Reference       |    |
| 1  | Bill Froelich     | Chairman of Board            | Management | 26.00     | 397,396        | 5                              | 100.00                                    | Director/Salar | \$ 15,226   | line 17/18, col | 1  |
| 2  | Tom Jefferson     | Asst Secretary/Treasu        | Management | 10.00     | 390,860        | 5                              | 100.00                                    | Director/Salar | y 14,977    | line 17/18, col | 2  |
| 3  | Craig Hart        | Secretary/Treasurer          | Management | 20.00     | 343,058        | 10                             | 100.00                                    | Director/Salar | y 13,145    | line 17/18, col | 3  |
| 4  | Joe Warner        | President                    | Management | 2.50      | 370,366        | 40                             | 100.00                                    | Director/Salar | y 14,192    | line 17/18, col | 4  |
| 5  | Bob Dickson       | <b>Executive Vice Presid</b> | Management | 0.80      | 92,266         | 40                             | 100.00                                    | Salary         | 3,535       | line 17, col 7  | 5  |
| 6  | Cheryl Lowney     | <b>Executive Vice Presid</b> | Management | 0.30      | 186,564        | 50                             | 100.00                                    | Director/Salar | y 7,149     | line 17/18, col | 6  |
| 7  | Steve Wannemacher | <b>Executive Vice Presid</b> | Management | 0.30      | 175,068        | 50                             | 100.00                                    | Director/Salar | y 6,708     | line 17/18, col | 7  |
| 8  | Connie Hoselton   | Sr Vice President            | Management | 0.17      | 140,191        | 40                             | 100.00                                    | Salary         | 5,372       | line 17, col 7  | 8  |
| 9  | Craig Ater        | Sr Vice President            | Management | 0.21      | 143,176        | 50                             | 100.00                                    | Salary         | 5,486       | line 17, col 7  | 9  |
| 10 |                   |                              |            |           |                |                                |   |                |             |                 | 10 |
| 11 |                   |                              |            |           |                |                                |   |                |             |                 | 11 |
| 12 |                   |                              |            |           |                |                                |   |                |             |                 | 12 |
| 13 |                   |                              |            |           |                |                                |   | TOTAL          | \$ 85,790   |                 | 13 |

<sup>\*</sup> If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

<sup>\*\*</sup> This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS Page 8

# 0041392 Report Period Beginning: Facility Name & ID Number Heritage Manor-Minonk 1/01/2002 Ending: 2/31/2002

# VIII. ALLOCATION OF INDIRECT COSTS

|  | Name of Related Organization |  |
|--|------------------------------|--|
| A. Are there any costs included in this report which were derived from allocations of central office | Street Address               |  |
| or parent organization costs? (See instructions.)  YES  NO  xx                                       | City / State / Zip Code      |  |
| <del>_</del>   | Phone Number                 |  |
| B. Show the allocation of costs below. If necessary, please attach worksheets.                       | Fax Number                   |  |

| B. Show the allocation of costs below. | If necessary, please attach worksheets. |
|--|---|
|--|---|

|    | 1          | 2   | 3                        | 4                  | 5               | 6               | 7                | 8        | 9                    | ТП |
|----|------------|---|--------------------------|--------------------|-----------------|-----------------|------------------|----------|----------------------|----|
|    | Schedule V | _   | Unit of Allocation       | -                  | Number of       | Total Indirect  | Amount of Salary |          |                      |    |
|    | Line       |   | (i.e.,Days, Direct Cost, |                    | Subunits Being  | Cost Being      | Cost Contained   | Facility | Allocation           |    |
|    | Reference  | Item  | Square Feet)             | <b>Total Units</b> | Allocated Among | Allocated       | in Column 6      | Units    | (col.8/col.4)x col.6 |    |
| 1  | 1          | Dietary                                     | Beds                     | 2,401              | 24              | \$<br>82,266    | \$ 82,266        | 72       | \$ 2,467             | 1  |
| 2  | 2          | Food Purchase                               | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 2  |
| 3  | 3          | Housekeeping                                | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 3  |
| 4  | 4          | Laundry                                     | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 4  |
| 5  | 5          | Heat & Other Utilities                      | Beds                     | 2,401              | 24              | 25,593          | 0                | 72       | 767                  | 5  |
| 6  | 6          | Maintenance                                 | Beds                     | 2,401              | 24              | 221,381         | 58,785           | 72       | 6,639                | 6  |
| 7  | 7          | Other                                       | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 7  |
| 8  | 9          | Medical Director                            | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 8  |
| 9  | 10         | Nursing & Medical Records                   | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 9  |
| 10 | 11         | Activities                                  | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 10 |
| 11 | 12         | Social Service                              | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 11 |
| 12 | 13         | Nurse Aide Training                         | Beds                     | 2,401              | 24              | 45,737          | 39,267           | 72       | 1,372                | 12 |
| 13 | 14         | Program Transportation                      | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 13 |
| 14 | 15         |   | Beds                     | 2,401              | 24              | 0               | 0                | 72       | 0                    | 14 |
| 15 | 17         | Administrative                              | Beds                     | 2,401              | 24              | 2,126,096       | 2,126,096        | 72       | 63,756               | 15 |
| 16 | 18         | Directors Fees                              | Beds                     | 2,401              | 24              | 112,849         | 0                | 72       | 3,384                | 16 |
| 17 | 19         |   | Beds                     | 2,401              | 24              | 212,454         | 0                | 72       | 6,371                | 17 |
| 18 | 20         | Fees, Subscription, Promotions              | Beds                     | 2,401              | 24              | 87,500          | 0                | 72       | 2,624                | 18 |
| 19 | 21         | Clerical & General Office Expense           |                          | 2,401              | 24              | 4,472,002       | 4,183,145        | 72       | 134,104              | 19 |
| 20 | 22         | <b>Employee Benefits &amp; Payroll Taxe</b> | Beds                     | 2,401              | 24              | 584,769         | 0                | 72       | 17,536               | 20 |
| 21 | 23         | 8   | Beds                     | 2,401              | 24              | 18,362          | 0                | 72       | 551                  | 21 |
| 22 | 24         |   | Beds                     | 2,401              | 24              | 142,902         | 0                | 72       | 4,285                | 22 |
| 23 |            | Other Admin. Staff Transportatio            |                          | 2,401              | 24              | 0               | 0                | 72       | 0                    | 23 |
| 24 | 26         | Insurance-Prop.Liab.Malpract                | Beds                     | 2,401              | 24              | 43,070          | 0                | 72       | 1,292                | 24 |
| 25 | TOTALS     |   |                          |                    |                 | \$<br>8,174,981 | \$ 6,489,559     |          | \$ 245,148           | 25 |

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|-------------------|---------|
|-------------------|---------|

| Facility Name & ID Number Heritage         | Manor-Minonk   | #      | 0041392 | Report Period Beginning: | 1/01/2002    | Ending: | 2/31/2002    |
|--|--|--------|---------|--------------------------|--------------|---------|--------------|
| VIII. ALLOCATION OF INDIRECT COST          | rs   |        |         |                          |              |         |              |
| VIII. ALLOCATION OF INDIRECT COST          |  |        |         |                          |              |         |              |
|  |  |        |         | Name of Related          | Organization |         |              |
| A. Are there any costs included in this re | port which were derived from allocations of central of | office | e       | Street Address           |              |         |              |
| or parent organization costs? (See inst    | tructions.) YES NO                                     |        |         | City / State / Zip       | Code         |         |              |
|  | <u>—</u>   |        |         | Phone Number             | •            | ( )     |              |
| B. Show the allocation of costs below. If  | necessary, please attach worksheets.                   |        |         | Fax Number               | •            | ( )     | <del>-</del> |

|    | 1          | 2                            | 3                        | 4                  | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|------------------------------|--------------------------|--------------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                              | Unit of Allocation       |                    | Number of       | Total Indirect | Amount of Salary |          |                      |    |
|    | Line       |                              | (i.e.,Days, Direct Cost, |                    | Subunits Being  | Cost Being     | Cost Contained   | Facility | Allocation           |    |
|    | Reference  | Item                         | Square Feet)             | <b>Total Units</b> | Allocated Among | Allocated      | in Column 6      | Units    | (col.8/col.4)x col.6 |    |
| 1  | 27         | Other                        | Beds                     | 2,401              | 24              | \$             | \$               | 72       | \$                   | 1  |
| 2  | 30         | Depreciation                 | Beds                     | 2,401              | 24              | 210,090        |                  | 72       | 6,300                | 2  |
| 3  | 31         | Amortization of Pre-Op & Org | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 3  |
| 4  |            | Interest                     | Beds                     | 2,401              | 24              | 5,270          |                  | 72       | 158                  | 4  |
| 5  |            |                              | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 5  |
| 6  |            |                              | Beds                     | 2,401              | 24              | 161,349        |                  | 72       | 4,838                | 6  |
| 7  | 35         | Rent-Equipment & Vehicles    | Beds                     | 2,401              | 24              | 319,142        |                  | 72       | 9,570                | 7  |
| 8  |            |                              | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 8  |
| 9  | 38         | Medically Nec Transportation | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 9  |
| 10 | 39         | Ancillary Service Centers    | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 10 |
| 11 |            |                              | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 11 |
| 12 | 41         | Coffee and Gift Shops        | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 12 |
| 13 | 42         | Other                        | Beds                     | 2,401              | 24              |                |                  | 72       |                      | 13 |
| 14 |            |                              |                          |                    |                 |                |                  |          |                      | 14 |
| 15 |            |                              |                          |                    |                 |                |                  |          |                      | 15 |
| 16 |            |                              |                          |                    |                 |                |                  |          |                      | 16 |
| 17 |            |                              |                          |                    |                 |                |                  |          |                      | 17 |
| 18 |            |                              |                          |                    |                 |                |                  |          |                      | 18 |
| 19 |            | ·                            |                          |                    |                 |                |                  |          |                      | 19 |
| 20 |            |                              |                          | <del></del>        |                 |                |                  |          |                      | 20 |
| 21 |            |                              |                          | <u> </u>           |                 |                |                  |          |                      | 21 |
| 22 |            | <u> </u>                     |                          |                    |                 |                |                  |          |                      | 22 |
| 23 | •          |                              |                          | •                  |                 |                |                  |          |                      | 23 |
| 24 | •          |                              |                          | •                  |                 |                |                  |          |                      | 24 |
| 25 | TOTALS     |                              |                          |                    |                 | \$ 695,851     | \$               |          | \$ 20,866            | 25 |

# IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

|    | 1                            | 2             | •    | 3               | 4                              | 5               | ,        | 6                | 7                      | 8                | 9                              | 10   |      |
|----|------------------------------|---------------|------|-----------------|--------------------------------|-----------------|----------|------------------|------------------------|------------------|--------------------------------|--|------|
|    | Name of Lender               | Relate<br>YES | ed** | Purpose of Loan | Monthly<br>Payment<br>Required | Date of<br>Note |          | Amou<br>Original | int of Note<br>Balance | Maturity<br>Date | Interest<br>Rate<br>(4 Digits) | Reporting<br>Period<br>Interest<br>Expense |      |
|    | A. Directly Facility Related |               |      |                 |                                |                 |          |                  |                        |                  |                                |  |      |
|    | Long-Term                    |               |      |                 |                                |                 |          |                  |                        |                  |                                |  |      |
| 1  | LsSalle National Bank        |               | XX   | Mortgage        | 4640 plus Int                  | 01/15/99        | \$       | 1,122,188        | \$ 1,036,153           | 01/15/06         | variable                       | \$ 42,312                                  | 1    |
| 2  | LsSalle National Bank        |               | XX   | Mortgage        |                                |                 |          |                  |                        |                  |                                | 4,660                                      | 2    |
| 3  |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 3    |
| 4  |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 4    |
| 5  |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 5    |
|    | Working Capital              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  |      |
| 6  | Central Office Allocation    |               | XX   | Working Capital |                                |                 |          |                  |                        |                  |                                | 12,341                                     |      |
| 7  | Central Office Allocation    |               | XX   | Working Capital |                                |                 |          |                  |                        |                  |                                | 158  | 7    |
| 8  |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 8    |
| 9  | TOTAL Facility Related       |               |      |                 |                                |                 | <b>s</b> | 1,122,188        | \$ 1,036,153           |                  |                                | \$ 59,471                                  | 9    |
|    | B. Non-Facility Related*     |               | 1    |                 |                                | 1               |          |                  |                        |                  |                                |  |      |
|    | Interest Income              |               |      |                 |                                |                 |          |                  |                        |                  |                                | (12  |      |
| 11 |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 11   |
| 12 |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 12   |
| 13 |                              |               |      |                 |                                |                 |          |                  |                        |                  |                                |  | 13   |
| 14 | TOTAL Non-Facility Related   |               |      |                 |                                |                 | \$       |                  | \$                     |                  |                                | \$ (12                                     | ) 14 |
| 15 | TOTALS (line 9+line14)       |               |      |                 |                                |                 | \$       | 1,122,188        | \$ 1,036,153           |                  |                                | \$ 59,459                                  | 15   |

| 16) | Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. | \$<br>Line # |  |
|-----|--|--------------|--|
|     |  |              |  |

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
# 0041392 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

Facility Name & ID Number Heritage Manor-Minonk

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continu

# IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued) R. Real Estate Taxes

| B. Real Estate Taxes   |   |                            |                             |               |        |    |
|--|---|----------------------------|-----------------------------|---------------|--------|----|
|  | Important, please see the next worksheet,   | "RE_Tax". The real         | estate tax statement and    |               |        |    |
| Real Estate Tax accrual used on 2001 report.   | bill must accompany the cost report.  |                            |                             | \$            | 31,116 | 1  |
| 2. Real Estate Taxes paid during the year: (Indicate the   | ax year to which this payment applies. If payment cover   | ers more than one year, de | tail below.)                | \$            | 33,761 | 2  |
| 3. Under or (over) accrual (line 2 minus line 1).  |   |                            |                             | s             | 2,645  | 3  |
| 4. Real Estate Tax accrual used for 2002 report. (Detail   | and explain your calculation of this accrual on the line  | s below.)                  |                             | s             | 35,450 | 4  |
| 5. Direct costs of an appeal of tax assessments which ha  (Describe appeal cost below. Attach copie)                                     | s NOT been included in professional fees or other genees of invoices to support the cost and a co |                            |                             | \$            |        | 5  |
| 6. Subtract a refund of real estate taxes. You must offset classified as a real estate tax cost plus one-half of any TOTAL REFUND \$ For | 3 11  | eal estate tax appeal      | board's decision.)          | \$            |        | 6  |
| 7. Real Estate Tax expense reported on Schedule V, line  | 33. This should be a combination of lines 3 thru 6.   |                            |                             | s             | 38,095 | 7  |
| Real Estate Tax History:   |   |                            |                             |               |        |    |
| Real Estate Tax Bill for Calendar Year: 1997   | 8   |                            | FOR OHF USE ONLY            |               |        |    |
| 1998<br>1999   |   | 13                         | FROM R. E. TAX STATEMENT FO | OR 2001 \$    |        | 13 |
| 2000<br>2001   |   | 14                         | PLUS APPEAL COST FROM LINE  | Ē 5 <b>\$</b> |        | 14 |
|  |   | 15                         | LESS REFUND FROM LINE 6     | <u> </u>      |        | 15 |
|  |   |                            |                             |               |        | 1  |

NOTES:

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an
  application for real estate tax exemption unless the building is rented from a for-profit entity.
  This denial must be no more than four years old at the time the cost report is filed.

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

#### 2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

| FAC | ILITY NAME                               | Heritage Manor-                         | Minonk   |   |          | COUNTY                         | McLean        |                                      |
|-----|--|---|--|---|----------|--------------------------------|---------------|--------------------------------------|
| FAC | ILITY IDPH LICE                          | NSE NUMBER                              | 0041392  |   |          |                                |               |                                      |
| CON | TACT PERSON R                            | EGARDING TH                             | IS REPORT Craig Ater   |   |          |                                |               |                                      |
| TEL | EPHONE (309                              | )823-7135                               | ,  | FAX #: (                                | )        |                                |               |                                      |
| A.  | Summary of Rea                           | l Estate Tax Cos                        | <u>t</u>   |   |          |                                |               |                                      |
|     | cost that applies to<br>home property wh | the operation of<br>nich is vacant, ren | l estate tax assessed for 2<br>the nursing home in Col<br>ted to other organization<br>de cost for any period ot | umn D. Real esta<br>s, or used for purp | te tax a | applicable to<br>ther than lon | any portion   | of the nursing                       |
|     | (A)                                      |   | (B)  |   |          | (C)                            |               | (D)                                  |
|     | Tax Index                                | <u>Number</u>                           | Property Descr   | iption                                  |          | Total Tax                      |               | Tax<br>Applicable to<br>Nursing Home |
| 1.  | 0607407011                               |   | Nursing Home   |   | \$       | 23,049.00                      | \$            | 23,049.00                            |
| 2.  | 0607407010                               |   | Nursing Home   |   | \$       | 10,742.00                      | \$_           | 10,742.00                            |
| 3.  |  |   |  |   | \$       |                                | \$            |                                      |
| 4.  |  |   |  |   | \$       |                                | \$            |                                      |
| 5.  |  |   |  |   | \$       |                                | _ \$_         |                                      |
| 6.  |  |   |  |   | \$       |                                |               |                                      |
| 7.  |  |   |  |   | \$       |                                |               |                                      |
| 8.  |  |   |  |   | \$       |                                |               |                                      |
| 9.  |  |   |  |   | \$       |                                | _ \$_         |                                      |
| 10. |  |   |  |   | \$       |                                | - \$_         |                                      |
|     |  |   |  | TOTALS                                  | \$       | 33,791.00                      | _             | 33,791.00                            |
| B.  | Real Estate Tax                          | Cost Allocations                        |  |   |          |                                |               |                                      |
|     | Does any portion<br>used for nursing h   |   | ly to more than one nurs YES   | ing home, vacant p                      | proper   | ty, or propert                 | y which is no | ot directly                          |
|     |  |   | chedule which shows the  |   |          |                                |               | ome.                                 |

#### C. <u>Tax Bills</u>

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

| STATE OF | ILLINOIS | \$                        |           |         |  |
|----------|----------|---------------------------|-----------|---------|--|
| ш        | 0041202  | Daniel Daniel Desirations | 1/01/2002 | Endino. |  |

|    | ity Name & ID Number Herit<br>UILDING AND GENERAL II            |             |   |                             | STATE OF ILLINOIS<br># 0041392                    | Report Period Beginning:        | Page 1<br>1/01/2002 Ending: 12/31/2002                     |   |
|----|---|-------------|---|-----------------------------|---|---------------------------------|--|---|
| A. | Square Feet:  | 33,800      | B. General Construction Type:   | Exterior                    | Brick/Wood  | Frame                           | Number of Stories  |   |
| C. | Does the Operating Entity?  (Facilities checking (a) or (b)     |             | (a) Own the Facility lete Schedule XI. Those checking (c  | `` <i>'</i>                 | a Related Organization<br>le XI or Schedule XII-A |                                 | (c) Rent from Completely Unrelated Organization.           |   |
| D. | Does the Operating Entity?  (Facilities checking (a) or (b)     |             | x (a) Own the Equipment<br>lete Schedule XI-C. Those checking   |                             | oment from a Related O                            |                                 | (c) Rent equipment from Completely Unrelated Organization. |   |
| E. | (such as, but not limited to,                                   | apartments, | this operating entity or related to the assisted living facilities, day training footage, and number of beds/united | ng facilities, day care, in | dependent living faciliti                         |                                 |  |   |
|    | <del></del>   |             |   |                             |   |                                 |  |   |
|    |   |             |   |                             |   |                                 |  | _ |
|    |   |             |   |                             |   |                                 |  | _ |
|    |   |             |   |                             |   |                                 |  |   |
|    |   |             |   |                             |   |                                 |  |   |
| F. | Does this cost report reflect<br>If so, please complete the fol |             | tion or pre-operating costs which a   | are being amortized?        |   | YES                             | xx NO  |   |
|    |   |             | tion or pre-operating costs which a   | are being amortized?        | 2. Number of Years O                              | YES Ever Which it is Being Amor |  |   |
| 1. | If so, please complete the fol<br>. Total Amount Incurred:      | lowing:     | tion or pre-operating costs which a   | are being amortized?        | <del>-</del>                                      |                                 |  |   |
| 1. | If so, please complete the fol                                  | lowing:     | ntion or pre-operating costs which a<br>sture of Costs:<br>(Attach a complete schedule det                          |                             | 4. Dates Incurred:                                | ver Which it is Being Amor      |  |   |
| 3. | If so, please complete the fol<br>. Total Amount Incurred:      | lowing:     | nture of Costs:   |                             | 4. Dates Incurred:                                | ver Which it is Being Amor      |  |   |

XI. OWNERSHIP COSTS (continued)

# 0041392

1/01/2002 Ending: 12/31/2002 Report Period Beginning:

Page 12

36

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. 2 Year FOR OHF USE ONLY Year **Current Book** Life Straight Line Accumulated Depreciation Beds\* Acquired Constructed Cost in Years Depreciation Adjustments Depreciation 1,039,908 4 5 6 7 Improvement Type\* 9 Smoke Detectors (45) 9 10 3,267 10 Compressor 1,047 11 Generator 1998 12,140 11 12 A/C Repair 1998 1,518 12 13 Plumbing Repair 1998 4,956 13 14 14 15 Water Heater 1996 2,603 15 16 Resident Room Renovating 1996 8,483 16 17 Exterior Painting & Renovation 1996 4,806 17 1996 3,803 18 Nurse Call System 18 1996 19 19 Garbage Disposal 20 Boiler Repair
21 Receptionist Work Area Renovation
22 Hot Water Heater 1996 1996 4,436 20 1,260 21 1996 505 22 23 Exterior Signage 24 Interior Rehab 23 1,680 1996 146,288 24 1996 25 Interior Rehab 1996 22,963 25 26 Code Alert System 1996 1,319 26 27 1997 33,578 28 29 28 Interior Rehab 29 Interior Rehab 30 Building Purchase Offset 1997 (141,199)30 31 31 32 32 33 33 6,300 34 C/O Allocation 6,300 34 35 Book Depreciation 41,824 41,824 229,121 35

36

See Page 12A, Line 70 for total

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

<sup>\*</sup>Total beds on this schedule must agree with page 2.

Report Period Beginning:

Page 12A 12/31/2002

1/01/2002 Ending:

# 0041392

Facility Name & ID Number Heritage Manor-Minonk # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|          | B. Building Depreciation-Including Fixed Equipment. (See instr | 3           | I  | 4         | 5            | 6        | 7             | 8           | 9            | $\neg$   |
|----------|--|-------------|----|-----------|--------------|----------|---------------|-------------|--------------|----------|
|          |  | Year        |    |           | Current Book | Life     | Straight Line |             | Accumulated  |          |
|          | Improvement Type**   | Constructed |    | Cost      | Depreciation | in Years | Depreciation  | Adjustments | Depreciation |          |
| 37 D     | Ooor Alarm System  | 1999        | \$ | 10,116    | \$           |          | \$            | \$          | \$           | 37       |
| 38 P     | lumbing / Water Heater   | 1999        |    | 3,170     |              |          |               |             |              | 38       |
| 39 S     | ewage Ejector  | 1999        |    | 3,042     |              |          |               |             |              | 39       |
| 40       |  |             |    |           |              |          |               |             |              | 40       |
| 41 V     | Vater Heater   | 2000        |    | 3,293     |              |          |               |             |              | 41       |
|          | Remove and replace patio                                       | 2000        |    | 5,890     |              |          |               |             |              | 42       |
| 43       |  |             |    |           |              |          |               |             |              | 43       |
|          | Garbage Disposal   | 2001        |    | 922       |              |          |               |             |              | 44       |
|          | 'aintingHallways/Resident rooms                                | 2001        |    | 2,444     |              |          |               |             |              | 45       |
| 46       |  | 2002        |    |           |              |          |               |             |              | 46       |
|          | Vater Faucet   | 2002        |    | 1,656     |              |          |               |             |              | 47       |
| 48 B     |  | 2002        |    | 17,945    |              |          |               |             |              | 48       |
|          | hower Faucet   | 2002        |    | 2,398     |              |          |               |             |              | 49       |
| 50<br>51 |  |             |    |           |              |          |               |             |              | 50<br>51 |
| 52       |  |             |    |           |              |          |               |             |              | 52       |
| 53       |  |             |    |           |              |          |               |             |              | 53       |
| 54       |  |             |    |           |              |          |               |             |              | 54       |
| 55       |  |             |    |           |              |          |               |             |              | 55       |
| 56       |  |             |    |           |              |          |               |             |              | 56       |
| 57       |  |             |    |           |              |          |               |             |              | 57       |
| 58       |  |             |    |           |              |          |               |             |              | 58       |
| 59       |  |             |    |           |              |          |               |             |              | 59       |
| 60       |  |             |    |           |              |          |               |             |              | 60       |
| 61       |  |             |    |           |              |          |               |             |              | 61       |
| 62       |  |             |    |           |              |          |               |             |              | 62       |
| 63       |  |             |    |           |              |          |               |             |              | 63       |
| 64       |  |             |    |           |              |          |               |             |              | 64       |
| 65       |  |             |    |           |              |          |               |             |              | 65       |
| 66       |  |             |    |           |              |          |               |             |              | 66       |
| 67       |  |             |    |           |              |          |               |             |              | 67       |
| 68<br>69 |  |             | ļ  |           |              |          |               |             |              | 68       |
|          | COTAL (Error Adherr (0)  |             | 6  | 1 205 272 | 0 41 934     |          | 0 40 134      | 6 (200      | \$ 229,121   | 69<br>70 |
| /U I     | OTAL (lines 4 thru 69)   |             | \$ | 1,205,272 | \$ 41,824    |          | \$ 48,124     | \$ 6,300    | \$ 229,121   | 70       |

 $<sup>{\</sup>rm **Improvement\ type\ must\ be\ detailed\ in\ order\ for\ the\ cost\ report\ to\ be\ considered\ complete}.$ 

1/01/2002 Ending: Page 12B 12/31/2002 Facility Name & ID Number Heritage Manor-Minonk # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0041392 Report Period Beginning:

| B. Building Depreciation-Including Fixed Equipment. (See instr | 3           | 4           | 5            | 6          | 7                             | 8           | 9            | $\overline{}$ |
|--|-------------|-------------|--------------|------------|-------------------------------|-------------|--------------|---------------|
|  | Year        | •           | Current Book | Life       | Straight Line                 |             | Accumulated  |               |
| Improvement Type**   | Constructed | Cost        | Depreciation | in Years   | Straight Line<br>Depreciation | Adjustments | Depreciation |               |
| 1 Totals from Page 12A, Carried Forward                        |             | s 1,205,272 | \$ 41,824    | III I Cars | \$ 48,124                     | \$ 6,300    | \$ 229,121   | 1             |
| 2  |             | 1,203,272   | J 11,021     |            | 3 10,121                      | 9 0,500     | 223,121      | 2             |
| 3  |             |             |              |            |                               |             |              | 3             |
| 4  |             |             |              |            |                               |             |              | 4             |
| -  |             |             |              |            |                               |             |              |               |
| 5  |             |             |              |            |                               |             |              | 5             |
| 6  |             |             |              |            |                               |             |              | 6             |
|  |             |             |              |            |                               |             |              | /             |
| 8  |             |             |              |            |                               |             |              | 8             |
| 10   |             |             |              |            |                               |             |              | 10            |
| 11   |             |             |              |            |                               |             |              | 11            |
| 12   |             |             |              |            |                               |             |              | 12            |
| 13   |             |             |              |            |                               |             |              | 13            |
| 14   |             |             |              |            |                               |             |              | 14            |
| 15   |             |             |              |            |                               |             |              | 15            |
| 16   |             |             |              |            |                               |             |              | 16            |
| 17   |             |             |              |            |                               |             |              | 17            |
| 18   |             |             |              |            |                               |             |              | 18            |
| 19   |             |             |              |            |                               |             |              | 19            |
| 20   |             |             |              |            |                               |             |              | 20            |
| 21   |             |             |              |            |                               |             |              | 21            |
| 22   |             |             |              |            |                               |             |              | 22            |
| 23   |             |             |              |            |                               |             |              | 23            |
| 24   |             |             |              |            |                               |             |              | 24            |
| 25   |             |             |              |            |                               |             |              | 25            |
| 26   |             |             |              |            |                               |             |              | 26            |
| 27   |             |             |              |            |                               |             |              | 27            |
| 28   |             |             |              |            |                               |             |              | 28            |
| 29   |             |             |              |            |                               |             |              | 29            |
| 30   |             |             |              |            |                               |             |              | 30            |
| 31   |             |             |              |            |                               |             |              | 31            |
| 32   |             |             |              |            |                               |             |              | 32            |
| 33   |             |             |              |            |                               |             |              | 33            |
| 34 TOTAL (lines 1 thru 33)                                     |             | s 1,205,272 | s 41,824     |            | s 48,124                      | \$ 6,300    | \$ 229,121   | 34            |
| 0. 101.12 (mits 1 till 00)                                     |             | 1,200,272   | ¥ 11,027     |            | 10,124                        | 9 0,000     | 22,,121      |               |

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

|  |  |  | OIS |  |
|--|--|--|-----|--|
|  |  |  |     |  |
|  |  |  |     |  |

|                           |                       | STATE OF I | STATE OF ILLINOIS        |           |         |            |  |  |
|---------------------------|-----------------------|------------|--------------------------|-----------|---------|------------|--|--|
| Facility Name & ID Number | Heritage Manor-Minonk | # 0041392  | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002 |  |  |
| XI. OWNERSHIP COSTS (cont | inued)                |            |                          |           |         |            |  |  |

| C. Equipment De | nreciation-I | Excluding T | ransportation. | (See instructions.) |
|-----------------|--------------|-------------|----------------|---------------------|

|    | C. Equipment Depreciation-Excluding Transportation. (See instructions.) |            |   |                |                |             |           |                |    |  |  |  |
|----|---|------------|---|----------------|----------------|-------------|-----------|----------------|----|--|--|--|
|    | Category of   | 1          |   | Current Book   | Straight Line  | 4           | Component | Accumulated    |    |  |  |  |
|    | Equipment   | Cost       |   | Depreciation 2 | Depreciation 3 | Adjustments | Life 5    | Depreciation 6 |    |  |  |  |
| 71 | Purchased in Prior Years  | \$ 134,514 | 5 | \$ 23,000      | \$ 23,000      | \$          |           | \$ 95,271      | 71 |  |  |  |
| 72 | Current Year Purchases  | 18,823     |   |                |                |             |           |                | 72 |  |  |  |
| 73 | Fully Depreciated Assets  |            |   |                |                |             |           |                | 73 |  |  |  |
| 74 | _   |            |   |                |                |             |           | •              | 74 |  |  |  |
| 75 | TOTALS  | \$ 153,337 | 5 | \$ 23,000      | \$ 23,000      | \$          |           | \$ 95,271      | 75 |  |  |  |

# D. Vehicle Depreciation (See instructions.)\*

|    | 1      | Model, Make | Year       | 4    | Current Book   | Straight Line  | 7           | Life in | Accumulated    |    |
|----|--------|-------------|------------|------|----------------|----------------|-------------|---------|----------------|----|
|    | Use    | and Year 2  | Acquired 3 | Cost | Depreciation 5 | Depreciation 6 | Adjustments | Years 8 | Depreciation 9 |    |
| 76 |        |             |            | \$   | \$             | \$             | \$          |         | \$             | 76 |
| 77 |        |             |            |      |                |                |             |         |                | 77 |
| 78 |        |             |            |      |                |                |             |         |                | 78 |
| 79 |        |             |            |      |                |                |             |         |                | 79 |
| 80 | TOTALS |             |            | \$   | \$             | \$             | \$          |         | \$             | 80 |

#### E. Summary of Care-Related Assets

|    | E. Summary of Care-Related Assets | 1  | L            |      |
|----|-----------------------------------|--|--------------|------|
|    |                                   | Reference  | Amount       |      |
| 81 | Total Historical Cost             | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$ 1,383,609 | 81   |
| 82 | Current Book Depreciation         | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$ 64,824    | 82   |
| 83 | Straight Line Depreciation        | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$ 71,124    | 83 * |
| 84 | Adjustments                       | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$ 6,300     | 84   |
| 85 | Accumulated Depreciation          | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$ 324,392   | 85   |

# F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1                           | 2    | Current Book   | Accumulated    |    |
|----|-----------------------------|------|----------------|----------------|----|
|    | Description & Year Acquired | Cost | Depreciation 3 | Depreciation 4 |    |
| 86 |                             | \$   | \$             | \$             | 86 |
| 87 |                             |      |                |                | 87 |
| 88 |                             |      |                |                | 88 |
| 89 |                             |      |                |                | 89 |
| 90 |                             |      |                |                | 90 |
| 91 | TOTALS                      | \$   | \$             | \$             | 91 |

#### G. Construction-in-Progress

|    | Description | Cost |    |
|----|-------------|------|----|
| 92 |             | \$   | 92 |
| 93 |             |      | 93 |
| 94 |             |      | 94 |
| 95 |             | \$   | 95 |

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

<sup>\*\*</sup> This must agree with Schedule V line 30, column 8.

|                |                                    |   |                          |                         |         |                       |                          |                       | STAT | TE OF ILLINOIS                         | 8   |                               |          |                          |                             |                          | Page 14     |
|----------------|------------------------------------|---|--------------------------|-------------------------|---------|-----------------------|--------------------------|-----------------------|------|--|-----|-------------------------------|----------|--------------------------|-----------------------------|--------------------------|-------------|
| Faci           | lity Name & I                      | D Number  | Herita                   | ge Mano                 | r-Minon | k                     |                          |                       | #    | 0041392                                |     | Report P                      | eriod Be | eginning:                | 1/01/2002                   | Ending:                  | 12/31/2002  |
| XII.           | 1. Name of 1<br>2. Does the        | and Fixed Equ<br>Party Holding                              | Lease: `<br>y real estat |                         |         | n to rent             | al amount s              | hown below oi         |      | column 4?<br>YES                       | ]NO |                               |          |                          |                             |                          |             |
|                |                                    | 1<br>Year<br>Constructe                                     |                          | 2<br>Number<br>of Beds  |         | 3<br>Date of<br>Lease |                          | 4<br>Rental<br>Amount |      | 5<br>Total Years<br>of Lease           |     | 6<br>tal Years<br>wal Option* |          |                          |                             |                          |             |
| 3 4            | Original<br>Building:<br>Additions |   |                          |                         |         |                       | \$                       |                       |      |  |     | •                             | 3 4      |                          | dates of curren             |                          | ment:       |
| 6              |                                    | _   |                          |                         |         |                       |                          |                       |      |  |     |                               | 5        | 11 Dont to be            | a maid in future            |                          | .h          |
|                | TOTAL                              |   |                          | -                       |         |                       | \$                       |                       | _    |  |     |                               | 7        | rental agr               | e paid in future<br>eement: | e years under            | ine current |
|                | This amo                           | rately any amo<br>unt was calcul<br>ngth of the lea<br>Buy: | ated by div              |                         |         |                       |                          |                       |      | *                                      |     |                               |          | Fiscal Year  12. 13. 14. | /2003<br>/2004<br>/2005     | Annual R  \$ \$ \$ \$ \$ | ent         |
|                | 15. Îs Mova                        | nt-Excluding T<br>ble equipment<br>Amount for mo            | t rental incl            | luded in b              | uilding | rental?               | . (See instru            | ctions.) Description: |      | YES  ; computer equip (Attach a schedu |     | ng the breakd                 | own of 1 | novable equipme          | ent)                        |                          |             |
|                | C. Vehicle Ro                      | ental (See inst   | ructions.)               | 2                       |         |                       | 2                        |                       |      |  |     |                               |          |                          |                             |                          |             |
|                | 1<br>Use                           |   |                          | 2<br>lel Year<br>l Make |         |                       | 3<br>Monthly L<br>Paymer |                       |      | 4<br>Rental Expense<br>for this Period |     |                               |          |                          | is an option to             |                          |             |
| 17<br>18<br>19 |                                    |   |                          |                         | \$      |                       |                          |                       | \$   |  |     | 17<br>18<br>19                |          | please p<br>schedule     | rovide comple<br>e.         | te details on a          | tached      |
| 20             |                                    |   |                          |                         |         |                       |                          |                       | +    |  |     | 20                            |          | ** This am               | ount plus any               | amortization o           | of lease    |
| _              | TOTAL                              |   |                          |                         | \$      |                       |                          |                       | \$   |  |     | 21                            |          |                          | must agree wi               |                          |             |

|                       |   |                          | S                 | STATE OF ILLI      | NOIS         |              |                                  |                |            | Page 15    |
|-----------------------|---|--------------------------|-------------------|--------------------|--------------|--------------|----------------------------------|----------------|------------|------------|
| Facility Name & ID Nu |   |                          |                   |                    | #            | 0041392      | Report Period Beginning:         | 1/01/2002      | Ending:    | 12/31/2002 |
| XIII. EXPENSES REL    | ATING TO NURSE AIDE TRAININ                                 | NG PROGRAMS (See in      | structions.)      |                    |              |              |                                  |                |            |            |
| A. TYPE OF TRA        | AINING PROGRAM (If aides are tra                            | ined in another facility | program, attach a | schedule listing t | the facility | name, addres | s and cost per aide trained in t | hat facility.) |            |            |
|                       | OU TRAINED AIDES<br>THIS REPORT                             | YES 2                    | CLASSROOM         | PORTION:           |              |              | 3. CLINICAL PO                   | ORTION:        | _          |            |
| PERIOD                |   | NO                       | IN-HOUSE PR       | ROGRAM             |              |              | IN-HOUSE PI                      | ROGRAM         |            |            |
| If "voe"              | please complete the remainder                               |                          | IN OTHER FA       | CILITY             |              |              | IN OTHER FA                      | ACILITY        |            |            |
| of this sc            | hedule. If "no", provide an ion as to why this training was |                          | COMMUNITY         | COLLEGE            |              |              | HOURS PER                        | AIDE           |            |            |
| not neces             |   |                          | HOURS PER A       | AIDE               |              |              |                                  |                |            |            |
| B. EXPENSES           |   | ALL OCUM                 | ON OF COORS       | (D)                |              |              | C. CONTRACTUAL I                 | NCOME          |            |            |
|                       |   | ALLOCATI                 | ON OF COSTS       | (d)                |              |              | In the her held                  | w record the a | mount of i |            |
|                       |   | 1                        | 2                 | 3                  |              | 4            | facility receive                 |                |            |            |
|                       |   | Fa                       | cility            |                    |              | <del>-</del> | 7                                | <b>g</b>       |            |            |
|                       |   | Drop-outs                | Completed         | Contract           |              | Total        | \$                               |                |            |            |
|                       | College Tuition   | \$                       | \$                | \$                 | \$           |              |                                  |                | _          |            |
| 2 Books and S         |   |                          | 260               |                    |              | 260          | D. NUMBER OF AIDI                | ES TRAINED     |            |            |
| 2 Classwaam V         | Voges (a)   | 1                        | 2 (21             |                    |              | 2 (21        |                                  |                |            |            |

2,881

2,881

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(b)

(c)

(e)

4 Clinical Wages

6 Transportation

TOTALS

5 In-House Trainer Wages

Contractual Payments

Nurse Aide Competency Tests

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

2,881 2. From other facilities (f)
TOTAL TRAINED

COMPLETED

2. From other facilities (f)

1. From this facility

DROP-OUTS

1. From this facility

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Page 16 12/31/2002 Facility Name & ID Number Heritage Manor-Minonk # 0041392 Report Period Beginning: 1/01/2002 Ending:

#### XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

|    |                                 | 1             | 2         | 3    | 4         | 5               | 6           | 7              | 8                |    |
|----|---------------------------------|---------------|-----------|------|-----------|-----------------|-------------|----------------|------------------|----|
|    |                                 | Schedule V    | Staff     | f    | Outsid    | le Practitioner | Supplies    |                |                  |    |
|    | Service                         | Line & Column | Units of  | Cost | (other th | han consultant) | (Actual or) | Total Units    | Total Cost       |    |
|    |                                 | Reference     | Service   |      | Units     | Cost            | Allocated)  | (Column 2 + 4) | (Col. 3 + 5 + 6) |    |
| 1  | Licensed Occupational Therapist | 10a/3         | hrs       | \$   |           | \$ 6,734        | \$          | !              | 6,734            | 1  |
|    | Licensed Speech and Language    |               |           |      |           |                 |             |                |                  |    |
| 2  | Development Therapist           | 10a/3         | hrs       |      |           | 4,478           |             |                | 4,478            | 2  |
| 3  | Licensed Recreational Therapist |               | hrs       |      |           |                 |             |                |                  | 3  |
| 4  | Licensed Physical Therapist     | 10a/3         | hrs       |      |           | 17,459          | 23          |                | 17,482           | 4  |
| 5  | Physician Care                  |               | visits    |      |           |                 |             |                |                  | 5  |
| 6  | Dental Care                     |               | visits    |      |           |                 |             |                |                  | 6  |
| 7  | Work Related Program            |               | hrs       |      |           |                 |             |                |                  | 7  |
| 8  | Habilitation                    |               | hrs       |      |           |                 |             |                |                  | 8  |
|    |                                 |               | # of      |      |           |                 |             |                |                  |    |
| 9  | Pharmacy                        | 39/3          | prescrpts |      |           |                 | 221,457     |                | 221,457          | 9  |
|    | Psychological Services          |               |           |      |           |                 |             |                |                  |    |
|    | (Evaluation and Diagnosis/      |               |           |      |           |                 |             |                |                  |    |
| 10 | Behavior Modification)          |               | hrs       |      |           |                 |             |                |                  | 10 |
| 11 | Academic Education              |               | hrs       |      |           |                 |             |                |                  | 11 |
| 12 | Exceptional Care Program        |               |           |      |           |                 |             |                |                  | 12 |
|    |                                 |               |           |      |           |                 |             |                |                  |    |
| 13 | Other (specify): x-ray          | 39/3          |           |      |           | 6,874           |             |                | 6,874            | 13 |
|    |                                 |               |           |      |           |                 |             |                |                  |    |
|    |                                 |               |           |      |           |                 |             |                |                  |    |
| 14 | TOTAL                           |               |           | \$   |           | \$ 35,545       | \$ 221,480  |                | \$ 257,025       | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

|    | This report must be completed even              | 1  |           | 2 After        |    |
|----|---|----|-----------|----------------|----|
|    |   | O  | perating  | Consolidation* |    |
|    | A. Current Assets                               |    |           |                |    |
| 1  | Cash on Hand and in Banks                       | \$ | 27,902    | \$             | 1  |
| 2  | Cash-Patient Deposits                           |    | 3,318     |                | 2  |
|    | Accounts & Short-Term Notes Receivable-         |    |           |                |    |
| 3  | Patients (less allowance )                      |    | 229,025   |                | 3  |
| 4  | Supply Inventory (priced at )                   |    |           |                | 4  |
| 5  | Short-Term Investments                          |    |           |                | 5  |
| 6  | Prepaid Insurance                               |    | 840       |                | 6  |
| 7  | Other Prepaid Expenses                          |    |           |                | 7  |
| 8  | Accounts Receivable (owners or related parties) |    | 1,227,540 |                | 8  |
| 9  | Other(specify):                                 |    |           |                | 9  |
|    | TOTAL Current Assets                            |    |           |                |    |
| 10 | (sum of lines 1 thru 9)                         | \$ | 1,488,625 | \$             | 10 |
|    | B. Long-Term Assets                             |    |           |                |    |
| 11 | Long-Term Notes Receivable                      |    |           |                | 11 |
| 12 | Long-Term Investments                           |    |           |                | 12 |
| 13 | Land  |    | 25,000    |                | 13 |
| 14 | Buildings, at Historical Cost                   |    | 1,205,272 |                | 14 |
| 15 | Leasehold Improvements, at Historical Cost      |    |           |                | 15 |
| 16 | Equipment, at Historical Cost                   |    | 153,337   |                | 16 |
| 17 | Accumulated Depreciation (book methods)         |    | (324,392) |                | 17 |
| 18 | Deferred Charges                                |    |           |                | 18 |
| 19 | Organization & Pre-Operating Costs              |    |           |                | 19 |
|    | Accumulated Amortization -                      |    |           |                |    |
| 20 | Organization & Pre-Operating Costs              |    |           |                | 20 |
| 21 | Restricted Funds                                |    |           |                | 21 |
| 22 | Other Long-Term Assets (specify):               |    |           |                | 22 |
| 23 | Other(specify): Deferred Tax Asset              |    | 14,369    |                | 23 |
|    | TOTAL Long-Term Assets                          |    |           |                |    |
| 24 | (sum of lines 11 thru 23)                       | \$ | 1,073,586 | \$             | 24 |
|    |   |    |           |                |    |
|    | TOTAL ASSETS                                    |    |           |                |    |
| 25 | (sum of lines 10 and 24)                        | \$ | 2,562,211 | \$             | 25 |

|    |                                       | 1  | perating  | 2 After<br>Consolidation* |    |
|----|---------------------------------------|----|-----------|---------------------------|----|
|    | C. Current Liabilities                |    |           |                           |    |
| 26 | Accounts Payable                      | \$ | 31,558    | \$                        | 26 |
| 27 | Officer's Accounts Payable            |    |           |                           | 27 |
| 28 | Accounts Payable-Patient Deposits     |    | 3,318     |                           | 28 |
| 29 | Short-Term Notes Payable              |    |           |                           | 29 |
| 30 | Accrued Salaries Payable              |    | 100,365   |                           | 30 |
|    | Accrued Taxes Payable                 |    |           |                           |    |
| 31 | (excluding real estate taxes)         |    | 1,881     |                           | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)   |    | 35,450    |                           | 32 |
| 33 | Accrued Interest Payable              |    | 3,047     |                           | 33 |
| 34 | Deferred Compensation                 |    |           |                           | 34 |
| 35 | Federal and State Income Taxes        |    |           |                           | 35 |
|    | Other Current Liabilities(specify):   |    |           |                           |    |
| 36 | Security Deposits                     |    | 6,762     |                           | 36 |
| 37 |                                       |    |           |                           | 37 |
|    | TOTAL Current Liabilities             |    |           |                           |    |
| 38 | (sum of lines 26 thru 37)             | \$ | 182,381   | \$                        | 38 |
|    | D. Long-Term Liabilities              |    |           |                           |    |
| 39 | Long-Term Notes Payable               |    |           |                           | 39 |
| 40 | Mortgage Payable                      |    | 1,036,153 |                           | 40 |
| 41 | Bonds Payable                         |    |           |                           | 41 |
| 42 | Deferred Compensation                 |    |           |                           | 42 |
|    | Other Long-Term Liabilities(specify): |    |           |                           |    |
| 43 |                                       |    |           |                           | 43 |
| 44 |                                       |    |           |                           | 44 |
|    | TOTAL Long-Term Liabilities           |    |           |                           |    |
| 45 | (sum of lines 39 thru 44)             | \$ | 1,036,153 | \$                        | 45 |
|    | TOTAL LIABILITIES                     |    |           |                           |    |
| 46 | (sum of lines 38 and 45)              | \$ | 1,218,534 | \$                        | 46 |
|    |                                       |    |           |                           |    |
| 47 | TOTAL EQUITY(page 18, line 24)        | \$ | 1,343,677 | \$                        | 47 |
|    | TOTAL LIABILITIES AND EQUITY          |    |           |                           |    |
| 48 | (sum of lines 46 and 47)              | \$ | 2,562,211 | \$                        | 48 |

Page 17

12/31/2002

**Ending:** 

<sup>\*(</sup>See instructions.)

|    | -  |    | 1         |    |
|----|--|----|-----------|----|
|    |  |    | Total     |    |
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ | 855,535   | 1  |
| 2  | Restatements (describe):                                     |    |           | 2  |
| 3  | Audit Adjustment   |    | 18,500    | 3  |
| 4  |  |    |           | 4  |
| 5  |  |    |           | 5  |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ | 874,035   | 6  |
|    | A. Additions (deductions):                                   |    |           |    |
| 7  | NET Income (Loss) (from page 19, line 43)                    |    | 469,642   | 7  |
| 8  | Aquisitions of Pooled Companies                              |    |           | 8  |
| 9  | Proceeds from Sale of Stock                                  |    |           | 9  |
| 10 | Stock Options Exercised                                      |    |           | 10 |
| 11 | Contributions and Grants                                     |    |           | 11 |
| 12 | Expenditures for Specific Purposes                           |    |           | 12 |
| 13 | Dividends Paid or Other Distributions to Owners              | (  | )         | 13 |
| 14 | Donated Property, Plant, and Equipment                       |    |           | 14 |
| 15 | Other (describe)   |    |           | 15 |
| 16 | Other (describe)   |    |           | 16 |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ | 469,642   | 17 |
|    | B. Transfers (Itemize):                                      |    |           |    |
| 18 |  |    |           | 18 |
| 19 |  |    |           | 19 |
| 20 |  |    |           | 20 |
| 21 |  |    |           | 21 |
| 22 |  |    |           | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22)                         | \$ |           | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ | 1,343,677 | 24 |

<sup>\*</sup> This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

|   |   | 1               |   |
|---|---|-----------------|---|
|   | Revenue                                       | Amount          |   |
|   | A. Inpatient Care                             |                 |   |
| 1 | Gross Revenue All Levels of Care              | \$<br>2,534,188 | 1 |
| 2 | Discounts and Allowances for all Levels       | (258,847)       | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$<br>2,275,341 | 3 |
|   | B. Ancillary Revenue                          |                 |   |
| 4 | D C   |                 | 4 |

|     | A. Inpatient Care                                  |                 |     |
|-----|--|-----------------|-----|
| 1   | Gross Revenue All Levels of Care                   | \$<br>2,534,188 | 1   |
| 2   | Discounts and Allowances for all Levels            | (258,847)       | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$<br>2,275,341 | 3   |
|     | B. Ancillary Revenue                               |                 |     |
| 4   | Day Care   |                 | 4   |
| 5   | Other Care for Outpatients                         |                 | 5   |
| 6   | Therapy  | 57,659          | 6   |
| 7   | Oxygen   |                 | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$<br>57,659    | 8   |
|     | C. Other Operating Revenue                         |                 |     |
| 9   | Payments for Education                             |                 | 9   |
| 10  | Other Government Grants                            |                 | 10  |
| 11  | Nurses Aide Training Reimbursements                | 1,996           | 11  |
| 12  | Gift and Coffee Shop                               | 2,053           | 12  |
| 13  | Barber and Beauty Care                             | 1,894           | 13  |
| 14  | Non-Patient Meals                                  |                 | 14  |
| 15  | Telephone, Television and Radio                    |                 | 15  |
| 16  | Rental of Facility Space                           |                 | 16  |
| 17  | Sale of Drugs                                      | 281,469         | 17  |
| 18  | Sale of Supplies to Non-Patients                   |                 | 18  |
| 19  | Laboratory   |                 | 19  |
| 20  | Radiology and X-Ray                                |                 | 20  |
| 21  | Other Medical Services                             | 4,772           | 21  |
| 22  | Laundry  |                 | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$<br>292,184   | 23  |
|     | D. Non-Operating Revenue                           |                 |     |
| 24  | Contributions                                      |                 | 24  |
| 25  | Interest and Other Investment Income***            | 12              | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$<br>12        | 26  |
|     | E. Other Revenue (specify):****                    |                 |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |                 | 27  |
| 28  |  |                 | 28  |
| 28a |  | ·               | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$<br>•         | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$<br>2,625,196 | 30  |

|    |   | 2               |    |
|----|---|-----------------|----|
|    | Expenses  | Amount          |    |
|    | A. Operating Expenses                                   |                 |    |
| 31 | General Services  | 505,259         | 31 |
| 32 | Health Care   | 936,802         | 32 |
| 33 | General Administration                                  | 549,578         | 33 |
|    | B. Capital Expense                                      |                 |    |
| 34 | Ownership   | 163,915         | 34 |
|    | C. Ancillary Expense                                    |                 |    |
| 35 | Special Cost Centers                                    |                 | 35 |
| 36 | Provider Participation Fee                              |                 | 36 |
|    | D. Other Expenses (specify):                            |                 |    |
| 37 | Loss from Non-Nursing property                          |                 | 37 |
| 38 |   |                 | 38 |
| 39 |   |                 | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$<br>2,155,554 | 40 |
|    | ,   |                 | 1  |
| 41 | Income before Income Taxes (line 30 minus line 40)**    | 469,642         | 41 |
| 42 | Income Taxes  |                 | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$<br>469,642   | 43 |

| * This must agree with page 4, line 45, column 4. |
|---|
|---|

| * | Does this agree with | taxable income (loss) per Federal Income |
|---|----------------------|--|
|   | Tax Return?          | If not, please attach a reconciliation.  |

See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

<sup>\*\*\*\*</sup>Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Heritage Manor-Minonk

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

1 2\*\* 3

|    |                               | 1         | 2**       | 3                | 4        |    |
|----|-------------------------------|-----------|-----------|------------------|----------|----|
|    |                               | # of Hrs. | # of Hrs. | Reporting Period | Average  |    |
|    |                               | Actually  | Paid and  | Total Salaries,  | Hourly   |    |
|    |                               | Worked    | Accrued   | Wages            | Wage     |    |
| 1  | Director of Nursing           | 1,497     | 1,760     | \$ 38,080        | \$ 21.64 | 1  |
| 2  | Assistant Director of Nursing |           |           | 0                |          | 2  |
| 3  | Registered Nurses             | 4,885     | 5,396     | 128,878          | 23.88    | 3  |
| 4  | Licensed Practical Nurses     | 6,602     | 7,106     | 116,627          | 16.41    | 4  |
| 5  | Nurse Aides & Orderlies       | 33,193    | 36,050    | 342,347          | 9.50     | 5  |
| 6  | Nurse Aide Trainees           | 303       | 303       | 2,621            | 8.65     | 6  |
| 7  | Licensed Therapist            |           |           |                  |          | 7  |
| 8  | Rehab/Therapy Aides           | 1,790     | 1,983     | 16,990           | 8.57     | 8  |
| 9  | Activity Director             |           |           |                  |          | 9  |
| 10 | Activity Assistants           | 3,486     | 3,613     | 31,114           | 8.61     | 10 |
|    | Social Service Workers        | 1,022     | 1,277     | 18,929           | 14.82    | 11 |
|    | Dietician                     |           |           |                  |          | 12 |
|    | Food Service Supervisor       |           |           |                  |          | 13 |
| 14 | Head Cook                     |           |           |                  |          | 14 |
|    | Cook Helpers/Assistants       | 14,910    | 16,004    | 136,619          | 8.54     | 15 |
|    | Dishwashers                   |           |           |                  |          | 16 |
|    | Maintenance Workers           | 3,602     | 3,916     | 38,945           | 9.95     | 17 |
|    | Housekeepers                  | 7,105     | 7,801     | 63,508           | 8.14     | 18 |
|    | Laundry                       | 4,529     | 4,599     | 42,450           | 9.23     | 19 |
|    | Administrator                 | 2,080     | 2,080     | 68,860           | 33.11    | 20 |
|    | Assistant Administrator       |           |           |                  |          | 21 |
| 22 | Other Administrative          |           |           |                  |          | 22 |
|    | Office Manager                |           |           |                  |          | 23 |
|    | Clerical                      | 4,476     | 5,012     | 57,837           | 11.54    | 24 |
|    | Vocational Instruction        |           |           |                  |          | 25 |
|    | Academic Instruction          |           |           |                  |          | 26 |
|    | Medical Director              |           |           |                  |          | 27 |
|    | Qualified MR Prof. (QMRP)     |           |           |                  |          | 28 |
|    | Resident Services Coordinator |           |           |                  |          | 29 |
|    | Habilitation Aides (DD Homes) |           |           |                  |          | 30 |
|    | Medical Records               |           |           |                  |          | 31 |
|    | Other Health Care(specify)    |           |           |                  |          | 32 |
| 33 | Other(specify)                |           |           |                  |          | 33 |
| 34 | TOTAL (lines 1 - 33)          | 89,480    | 96,900    | s 1,103,805 *    | \$ 11.39 | 34 |

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

# B. CONSULTANT SERVICES

|    |                                 | 1       | 2                | 3          |    |
|----|---------------------------------|---------|------------------|------------|----|
|    |                                 | Number  | Total Consultant | Schedule V |    |
|    |                                 | of Hrs. | Cost for         | Line &     |    |
|    |                                 | Paid &  | Reporting        | Column     |    |
|    |                                 | Accrued | Period           | Reference  |    |
| 35 | Dietary Consultant              |         | \$ 0             |            | 35 |
| 36 | Medical Director                |         | 489              |            | 36 |
| 37 | Medical Records Consultant      |         | 886              |            | 37 |
| 38 | Nurse Consultant                |         |                  |            | 38 |
| 39 | Pharmacist Consultant           |         | 2,160            |            | 39 |
| 40 | Physical Therapy Consultant     |         |                  |            | 40 |
| 41 | Occupational Therapy Consultant |         |                  |            | 41 |
| 42 | Respiratory Therapy Consultant  |         |                  |            | 42 |
| 43 | Speech Therapy Consultant       |         |                  |            | 43 |
| 44 | Activity Consultant             |         |                  |            | 44 |
| 45 | Social Service Consultant       |         | 2,419            |            | 45 |
| 46 | Other(specify)                  |         |                  |            | 46 |
| 47 |                                 |         |                  |            | 47 |
| 48 |                                 |         |                  |            | 48 |
| 49 | TOTAL (lines 35 - 48)           |         | \$ 5,954         |            | 49 |

# C. CONTRACT NURSES

|    |                           | 1       | 2        | 3          |    |
|----|---------------------------|---------|----------|------------|----|
|    |                           | Number  |          | Schedule V |    |
|    |                           | of Hrs. | Total    | Line &     |    |
|    |                           | Paid &  | Contract | Column     |    |
|    |                           | Accrued | Wages    | Reference  |    |
| 50 | Registered Nurses         |         | s 0      |            | 50 |
| 51 | Licensed Practical Nurses |         | 0        |            | 51 |
| 52 | Nurse Aides               |         | 0        |            | 52 |
|    |                           |         |          |            |    |
| 53 | TOTAL (lines 50 - 52)     |         | \$       |            | 53 |
| 30 | 10171E (mics 50 52)       |         | Ψ        |            | 50 |

<sup>\*\*</sup> See instructions.

| STATE OF ILLINOIS |  |
|-------------------|--|
|-------------------|--|

Page 21

|  | Heritage Manor-Mi    | nonk      |    |         | #_ 0041                      | 1392             | Repo   | ort Period Begi | nning:         | 1/01/2002 Er                            | ding:   | 12/31/2002 |
|--|----------------------|-----------|----|---------|------------------------------|------------------|--------|-----------------|----------------|---|---------|------------|
| XIX. SUPPORT SCHEDULES A. Administrative Salaries        |                      | Ownership |    |         | D. Employee Benefits and I   | Daywall Taylas   |        |                 | E Dues Fee     | s, Subscriptions and Pro                | matiana |            |
| Name   | Function             | %         | ,  | Amount  | D. Employee Benefits and I   |                  |        | Amount          |                | s, Subscriptions and Fro<br>Description | monons  | Amount     |
| Vela Houge   | Administrator        | 0         | \$ | 68,860  | Workers' Compensation In     |                  | 2      | 14,110          | IDPH Licen     |   | •       | 400        |
| veia Houge   | Administrator        |           | Ψ_ | 00,000  | Unemployment Compensation II |                  | Ψ_     | 10,474          |                | Employee Recruitment                    |         | 893        |
|  | -                    |           | -  |         | FICA Taxes                   | ion insurance    | -      | 84,441          |                | Worker Background C                     | neck    | 0,5        |
|  |                      |           | -  |         | Employee Health Insuranc     | e                | -      | 45,721          |                |   | 14 )    | 77         |
|  |                      |           | -  |         | Employee Meals               |                  | -      | 10,721          | Central Office |   |         | 2,624      |
|  |                      |           | -  |         | Illinois Municipal Retireme  | ent Fund (IMRF)* | -      |                 | Promotional    |   |         | 2,882      |
|  |                      |           | -  |         | Employee Hepatitis Vaccine   | . ,              | -      | 0               | Public Relati  |   |         | 1,044      |
| TOTAL (agree to Schedule V, line                         | e 17 col 1)          |           | -  |         | Employee Benefits -          | ·                | -      | 18,903          | Dues and Su    |   |         | 4,903      |
| (List each licensed administrator separately.) \$ 68,860 |                      |           |    |         |                              |                  | 17,536 | License and     |                |   | 177     |            |
| B. Administrative - Other                                | separaces; i)        |           |    | 00,000  | Employee Benefits Centrus    | 011100           | -      | 17,000          | Dicense una    |   |         | 277        |
| 2  |                      |           |    |         |                              |                  | _      |                 | Less: Publi    | c Relations Expense                     |         | (1,044)    |
| Description  |                      |           |    | Amount  |                              |                  | -      |                 |                | llowable advertising                    |         | (477)      |
| Description  |                      |           | \$ |         |                              |                  | -      |                 |                | v page advertising                      |         | (2,882)    |
|  |                      |           | Ψ_ |         |                              |                  | -      |                 | Teno           | · page auvertising                      |         | (2,002)    |
|  |                      |           | -  |         | TOTAL (agree to Schedule     | e V.             | \$     | 191,185         | ,              | ГОТАL (agree to Sch. V                  | . \$    | 8,597      |
|  |                      | -         | -  |         | line 22, col.8)              | ,                | _      |                 |                | line 20, col. 8)                        | , -     | -,         |
| TOTAL (agree to Schedule V, line                         | e 17, col. 3)        |           | \$ |         | E. Schedule of Non-Cash C    | ompensation Paid |        |                 | G. Schedule    | of Travel and Seminar*                  | k       |            |
| (Attach a copy of any managemen                          | it service agreement | )         | =  |         | to Owners or Employees       |                  |        |                 |                |   |         |            |
| C. Professional Services                                 |                      | ,         |    |         |                              |                  |        |                 | ]              | Description                             |         | Amount     |
| Vendor/Pavee   | Type                 |           |    | Amount  | Description                  | Line#            |        | Amount          |                |   |         |            |
| Heritage Enterprises                                     | Management Fe        | es        | \$ | 163,468 | Description                  | Zine "           | \$     |                 | Out-of-State   | Travel                                  | \$      |            |
|  |                      |           |    | 0       |                              |                  |        |                 |                |   |         |            |
|  |                      |           | -  | 0       |                              |                  | -      |                 |                |   |         |            |
|  |                      |           | _  |         | _                            |                  | -      |                 | In-State Tra   | vel                                     |         |            |
|  |                      |           | _  |         | _                            |                  | -      |                 | III State III  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |         | 1,819      |
|  |                      |           | -  |         |                              |                  | -      |                 |                |   |         | 0          |
|  |                      | -         | -  |         |                              |                  | -      |                 |                |   |         | •          |
|  | -                    |           | -  |         |                              |                  | -      |                 | Seminar Ex     | ense                                    |         | (63)       |
|  | -                    | -         | -  |         |                              | <del></del>      | _      |                 | Non Allowab    |   |         | (4,042)    |
|  | -                    | -         | -  | 0       |                              | <del></del>      | _      |                 | Central Office |   |         | 4,285      |
| Legal Fees (Adjusted to zero)                            |                      |           | -  | 345     |                              |                  | -      |                 | Contrar Office |   |         | 1,203      |
| Legal 2 ces (riajustea to Lero)                          |                      |           | -  | 0       |                              |                  | -      |                 | Entertainme    | ent Expense                             | _ (     |            |
| TOTAL (agree to Schedule V, line                         | e 19. column 3)      |           | -  |         | TOTAL                        |                  | \$     |                 | Littertailing  | (agree to Sch. V,                       | (       |            |
| (If total legal fees exceed \$2500 at                    |                      | s.)       | \$ | 163,813 | 101111                       |                  | Ψ=     |                 | TOTAL          | line 24, col. 8)                        | \$      | 1,999      |
| (11 total legal lees exceed \$2500 at                    | tata copy or myorce  | ·,        | Ψ  | 100,010 | 1                            |                  |        |                 | LUIME          | 1111C 27, COL 0)                        | φ       | 1,777      |

Page 22 12/31/2002 Report Period Beginning: 1/01/2002 Ending:

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

|    | (See instructions.) |   |            |                |        |        | ,      |                  |                        |                           |        |        |        |
|----|---------------------|---|------------|----------------|--------|--------|--------|------------------|------------------------|---------------------------|--------|--------|--------|
|    | 1                   | 2                                       | 3          | 4              | 5      | 6      | 7      | 8                | 9                      | 10                        | 11     | 12     | 13     |
|    | Improvement<br>Type | Month & Year<br>Improvement<br>Was Made | Total Cost | Useful<br>Life | FY1999 | FY2000 | FY2001 | Amount of FY2002 | Expense Amor<br>FY2003 | rtized Per Year<br>FY2004 | FY2005 | FY2006 | FY2007 |
| 1  |                     |   | \$         |                | \$     | \$     | \$     | \$               | \$                     | \$                        | \$     | \$     | \$     |
| 2  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 3  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 4  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 5  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 6  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 7  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 8  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 9  |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 10 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 11 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 12 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 13 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 14 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 15 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 16 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 17 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 18 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 19 |                     |   |            |                |        |        |        |                  |                        |                           |        |        |        |
| 20 | TOTALS              |   | s          |                | s      | s      | \$     | S                | \$                     | s                         | s      | S      | S      |

| Facilit | S<br>y Name & ID Number Heritage Manor-Minonk   | TATE ( | OF ILLINOIS<br>0041392                             | Report Period Beginning:   | 1/01/2002  | Ending:                      | Page 23<br>12/31/2002 |
|---------|---|--------|--|--|--|------------------------------|-----------------------|
| XX. G   | ENERAL INFORMATION:   |        |  | •  |  |                              |                       |
|         |   | (13)   |  | supplies and services which are of the Public Aid, in addition to the daily  |  |                              |                       |
| (2)     | Are there any dues to nursing home associations included on the cost report?  If YES, give association name and amount.  Illinois Healthcare Association  |        | in the Ancillary Se                                | ection of Schedule V? yes  | _  |                              | _                     |
| (3)     | Did the nursing home make political contributions or payments to a political action organization?  no  If YES, have these costs been properly adjusted out of the cost report?  yes   | (14)   | the patient census is a portion of the             | building used for any function other<br>listed on page 2, Section B? no<br>building used for rental, a pharmacy<br>explains how all related costs were a | , day care, etc.)                                | For example<br>If YES, attac | e,                    |
| (4)     | Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?  | (15)   | Indicate the cost of on Schedule V. related costs? |  | assified to employ meal income be the amount. \$ | een offset ag                | ainst                 |
| (5)     | Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  yes  7 years  | (16)   | Travel and Transp                                  | ortation included for out-of-state travel?   | no   |                              |                       |
| (6)     | Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10   |        | If YES, attach a                                   | complete explanation. separate contract with the Department  | nt to provide me                                 |                              |                       |
| (7)     | Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If NO, attach a complete explanation.   |        | program during<br>c. What percent of               | this reporting period. \$ all travel expense relates to transpo age logs been maintained? yes  |  |                              |                       |
| (8)     | Are you presently operating under a sale and leaseback arrangement?  If YES, give effective date of lease.  |        | e. Are all vehicles times when not                 | stored at the nursing home during the in use? yes  | •  |                              |                       |
| (9)     | Are you presently operating under a sublease agreement? YES xx NO   |        | out of the cost r                                  | commuting or other personal use of eport? yes ity transport residents to and fi  | •  |                              | no                    |
| (10)    | Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO no If YES, please indicate name of the facility. IDPH license number of this related party and the date the present owners took over. | ,      | Indicate the a                                     | mount of income earned from n during this reporting period.  | providing such<br>\$                             | h<br>                        | <u></u>               |
|         |   | (17)   | Firm Name: St                                      | performed by an independent certifi<br>ulaski & Webb   | •  | The instruct                 | yes<br>tions for the  |
| (11)    | Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 26,828  This amount is to be recorded on line 42 of Schedule V.  |        |  | that a copy of this audit be included  No If no, please explain.   | Not available                                    |                              |                       |
| (12)    | Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? If YES, attach an explanation of the allocation.   |        | out of Schedule V                                  |  |  | -                            |                       |
|         | <del></del>   | (19)   | performed been at                                  | tree in excess of \$2500, have legal intrached to this cost report?  yes  d a summary of services for all arch   |  | •                            | ices                  |

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| 226<br>226              | PATRICAL SAVINGS<br>BANKS SAVINGS  | 220 2200 CONTROL CARDON 220 2200 CONTROL CARDON 220 2200 CONTROL CARDON  | CERN   |  |
| 234<br>234              | CHIEF STREET PAYORS  | 23m (3mmemm)   |  |  |
| 330<br>330              | WASH CARRIEDWINESS   | 2300 2300 ACRESO - 1,007<br>2300 2,000 MANN - 4,745  |  |  |
| 210<br>210              | ACTRICATION OF PAYABLE J.ACT   | 230 230 MARINET 34,40  | ***  |  |
| 236<br>286              | ACTIVITY FOR PAYMENT   | 200 2000000 - 130000<br>200 20000000 - 130000  |  |  |
| 286<br>286              | NATIONS FOR  | Self Self-Media contra contra  | •  |  |
| 246<br>240<br>240       | CLEANET PORTION L'EMP<br>PROMETTANTS PAYMENT   | 2 To a STREET PRODUCT NAME OF STREET ACCOUNT.  |  |  |
| 100                     | DOS TORRESPORT J.  |  |  |  |
| 346                     | CLEMENT PORTION L TORRY<br>DISTRIBUTION COME TAXAS   |  |  |  |
| 230<br>230              | COMMON COCK.  METABODI CAMORICO.  ATAMO  |  |  |  |
| Mari I<br>Mari I        | PATRICT DAYS PROVIDED 14.607<br>PATRICT DAYS DAY   |  | Last Last PATROLT 14407<br>Last Last PATROLT 4,000<br>Last Last PATROLT 1,00   |  |
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| 475<br>436              | TRANSPORT BURNINGS DESCRIPTION COMPANY TO SERVICE COMPANY COMP |  | 1  |  |
| 20E<br>20E              | THE COURSE STATES OF THE STATE | 460  | 120<br>120<br>120 (20000200) 80  |  |
| 234<br>230              | PROMOTERNAL ADVENTIONS 1,602 20<br>PORTAL MILLER ST. 1,604 20  | 1 21 380   | AN AN HOMES 280<br>AND ANDREASE 186  |  |
| 410<br>400              | DESCRIPTIONS AND DESCRIPTIONS OF 27  | 1.1.4  | CO CONTRACT CALL   |  |
| 22                      | PROCESS (SECTION 10 10,01) 19 10,011 19 10 10 10 10 10 10 10 10 10 10 10 10 10   | 1 1 14   | A THE ADDRESS OF THE  |  |
| 00<br>00                | MEDICAL MICHIGANISMS IN IN IN  |  | COS CONTRABANC 2,000<br>COS CONTRACTOR 2,000<br>COS  |  |
| 104<br>470              | ADCHIBVACTORMET 2,09 2,09 12<br>TVERCEAL 0 15  | 1 1 1  | AND ADDRACKED TO   |  |
| 200                     | BACKGROUNDCHICKS 2 6,867 27<br>BACKGROUNDCHICKS 77 20  | 1 1 1  | Lan Land-Miller (Chr.  |  |
| 100                     | PAYROLL TAXON ADMINIST TORS 25<br>CREEP PORTBANCE 4(75) 25   |  | AGO AGOSTANATO SAME  |  |
| 100                     | DESCRIPTION OF THE PROPERTY STATES STATES SAN SAN SAN SAN SAN SAN SAN SAN SAN SA   |  | AND ADDRESS OF THE PARTY OF THE |  |
| 100                     | COURSE OFFICE FOR 19 19 19 19 19 19 19 19 19 19 19 19 19   | 1 10 1000  | 140 140 840 000 120<br>140 140 840 000 120   |  |
| 100                     | MANUFACTURE SAME SAME SA   |  | AUT AUTOMORN JO<br>ANN ANNANCES (20)   |  |
| 500<br>500              | MADERICAN SEE AND 170 -  |  | APPL APPLIED DE D   |  |
| 506<br>505              | ELECTRIC 14,00 Ta,00 E   | 1 1 1  | LINE CHRISTING THE   |  |
| 120                     | WATER STREET PAGE 1  |  | CON CONTRACTOR NAME<br>CON CONTRACTOR NAME   |  |
| Code<br>Code            | PROPERTY PLANT SEPLECTED COM 14,000 6<br>GOVERN SEPLECTE SAND 10,000 6<br>MANUFACCULORISMON 11,000 6   |  | CON CONTRACTO ADM<br>CON CONTRACTO ADM<br>CON CONTRACTO CON  |  |
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| GA<br>GB                | POSS PERCENTEE PERSON NAME 2<br>SCHOOLSCORE (ATT 1410)   | 1 1 1  | CONTRACTOR NAME AND CONTRACTOR OF CONTRACTOR |  |
| CDE<br>CDE              | DETAIL SERVICIONAL ST.   |  | On CHARGON BY  |  |
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|                         | DOCUMENTS TO THE PARTY OF THE P |  | CON CONTRACT TOOM<br>CON CONTRACT TOOM<br>CONT   |  |
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| 639<br>639              | ADD TO A COLUMN TO |  | GE CO  |  |
| GE<br>GE                | ADD VACADONA SICK 10,000 10<br>CONTRACT SERVICES 0 10<br>CONTRACT SERVICES 0   |  | ADD ADDRESS 201<br>ADD ADDRESS 201<br>ADD ADDRESS 201  |  |
| GE<br>609               | CONTRACT NEWSCASSES AND LIGHT TO   | 1 1 1  | CT CTHINAY UNI   |  |
| 600<br>670              | NAME AND TRANSPORTED DO NO 11<br>NAME AND TRANSPORTED JONE 0<br>BEING WACES II, NO 10  |  | CH CHARGES THE<br>CH CHARGES THE<br>CH CHARGES AS  |  |
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